Tarring Funeral Home P.A. Aberdeen Md. 21001-3399

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		1-	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH		2. G. NO.	9 4	8 2
may be page 3 er deoth			CEASED NAME FIRST Anna R	litter Aber		LA	ST	2a. DATE OF DEAT	Almi	DAY YEAR 23 1981	6:20 P
4 24		3 SE	Female	4 RACE White		S. DATE OF	5, 1881 YEAR	6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
rierol direct	35	C	RTHPLACE STATE OR FOREIGN Haryland	U.S.A.	AT COUNTRY?	MARRIED WIDOWED	DIVORCED	9 BALTIMORE CI	ry <u>or</u> count arford	Y OF DEATH	MI
by the funer filed within?	00		ty or town of death berdeen	11. NAME OF HOSE	PITAL, NURSING	G HOME OF	OTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR M Homem	OST OF WORKING LI		BUSINESSOR
ithin 24 hour	35	JSU 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		RESIDENCE BEFORE CITY OR TOWN Aberde	V 1	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRI 437 W.	Bel Ai	r Ave	
ed within	21	14. FA	THERE NAME	MEDIE	Pitte	5	13. MOTHER'S MAIDEN NA	ME WCC	ul	Cuils	10wes
e execut	1		VASOECEASED EVER IN U.S. A	RMED FORCEST 166 VE WAR OR DATEN	12-54-9	800 V	Nary Shein	6-437	W. Be	Pais A	w.
ING PHYSICIAN: The low requires that the death certifica contending physician. After this certificate has been signed by the attending pay os the buriol-transit permit. Then plays member and people the hand Mental Hygiene prior to burial certificate.		NO	IB. CAUSE OF DEATH. Enter of PART CEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate course a stating the underlying course last. PART 2 ONER 5 GINETICANT	DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS	1000	ACE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION GIV	20 VEN IN PART 1(o	years
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SICIAN: ng phys certifico priol-tra ental Hy	Cal	MEDICAL CER	218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER	P.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18. I	PART 1 OR PART 2}	
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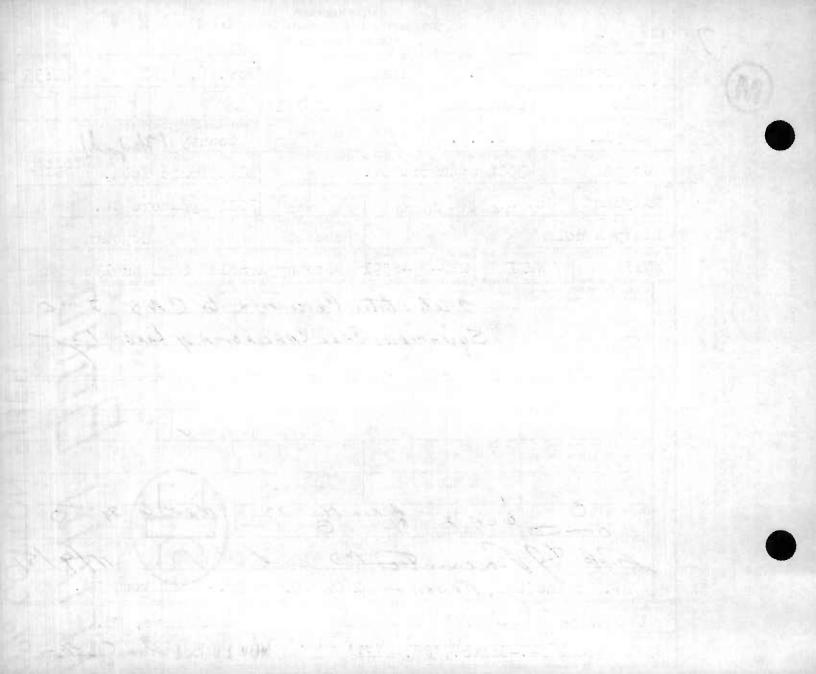
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	(TYPE	CEASED NAME FIRST FOR PRINT! Francis	MIDDLE H •	Amol	Ld	20. DATE OF DEATH		YEAR 26. H	OUR
	3. SE:	Male	Caucasian		of 81RTH ine 29 1915	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE		DER 24 HRS
5		Marryland	U.S.A.	MARRIE	DEVER MARRIED DIVORCED	9. BALTIMORE CITY COunty	1 Harden	LHA	MD.
		ITY OR TOWN OF DEATH Joppa	3004 Sycar	nore Ct.	DR OTHER INSTITUTION	Electron:		E 185	NESS OR 2 BY
6	IN.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUT Ha:	NTY 13c. CITY (DR TOWN Joppa	13d. INSIDE CITY LIMITS? YES NOX	3004 Syca	amore Ct		
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	W	VAS DECEASED EVER IN U.S. AR		AL SECURITY NO. -03-8591	Dorothy A	mold Sa			
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		Dr. Rosens	teel, Ron	ERT	PHYSICIAN E 220 ADDRESS 2602 Claret	MEDICAL STAI	750000000000000000000000000000000000000	Md.	(\$\frac{1}{2}
2	30. B	urial, cremation, removal SPECTPEMATION	11/10/81	Greenm		Baltin	nore, Md	Y •	STATE
2	4 FU		imunek Fune aBalto.,	ral Hom Md. 212	e, Inc. 250. DAJE	OV 1 0 1981	75b. Registrar's s	IGNATURE	etla.

DHMH - 16 50M 1/81 (VRA 15, 4)

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9	130	varyland t	HOME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS		ve	
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or Item 18 stem		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJU	YES [I OR PART 2)	но 🗌
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± L Z		224 PHYSICIAN'S NAME	. Just		17	1	MEDICAL STA	FF CIAN []	11/1	4/01
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VALLEY MEM, GARDES

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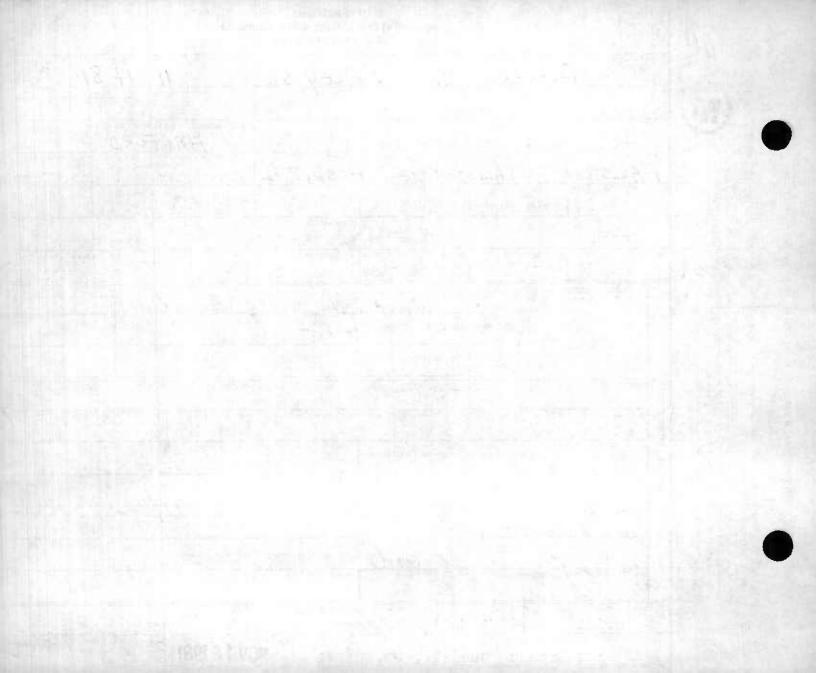
DHMH - 16 50M 1/B1 (VRA 15, 4)

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24 FUNERAL DIRECTOR HOSTER

THE DESCRIPTION OF STREET and the state of t 34 37 18 18 18 1 VON

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers, Pages 1 and 2 should be filled in with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.
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1		- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			
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e Boo	70 B	IRTHPLACE (STATE OR FO	OREIGNI :	b. CITIZEN OF V	HE COUNTY	Nov.	4, 1893	9 BALTIMORE CITY OR	YRS.	DEATH	
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as offer	H	wre de Gra	CE	HAT HOTELINGUE	HEACHLY, GIVE ST	PEET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Maintenance	WORKING LIFE) IN	NDUSTRY	BUSINESS OR
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		VAS DECEASED EVER I		MED FORCES?	16b SOCIAL SE		17 INFORMANT	ADDRES		Mo	
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n sign Then to b	NO	PART 2. OTHER SIGN	IFICANT CO	ONDITIONS CO	INTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN	N PART 1(0)	
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- 0 III 0 Z		226. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	1.1150	_	22e. ADDRESS	S ST HAY	MEX	CA PU	DARIE
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	(SURIAL, CREMATION, R		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	INTY	STATE
BP		urial UNERAL DIRECTOR	No	v. 23,1	.981 Be	el Air	Mem. Gardens	Bel Air	Harfor		E-3
DHMH - 16 50M 1/81 (VRA 15, 4)		ward K. McC	Comas	III, Ab	ingdon	, Md.	N	OV 24 1981	paneso	Yang	Withen

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the m		No			1212-38	3-8375B	LITC Be	njamin	H. Byers (R	et.		MATE INTERVAL ONSET AND DEATH
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rkedor	MED	21d. INJURY OCCURR WHILE NOT WHAT WORK AT WO	HILE TO		OF INJURY REET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATIO	N -	CITY OR TO	WN	COUNTY	STATE
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M 7/77 (4))		NAME	BUILD		ADDRE			107	V13 1981	spence	LAND SIGNAT	kerther
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-	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	29491
- 84		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
1/11		Georg		Chamberlain fr	Nov	4 1981 8:32 M
:([M]):	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
à learn	7- D1	Male RTHPLACE (STATE OR FOREIGN	White	Aug. 5 1911		RS.
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ires that the death or gned by the attendin n please remove carb burial, cremation, or ry, or other traumation		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF UENCE OF	/	
The to	TION		CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO THE TER.		
icion. I The low relicion. Interposition of the second of the prior shows only interposition.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	h operation was performed	200 AUTOPSY? 206. 1 IN C	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
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DING PHY or offendi After this se as the bu olth and M marked or	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DR ATTENDIN hospital or NRECTOR: Air hed for use tept, of Healt tem 21 is ma		22a I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATUR	tol) oftended the deceosed from	70 - 23 , 19 81 81 , and that in (my) (our) opinion DEGREE	, to	hour and from the causes stated
4 0 5 8 ×		22d PHYSICIANS NAME WITH O	Lee	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	14/81
TO HOSPITAL TO FUNERAL Should be de with the Stot		0.1	Lee	Uni on M	Wed. Clive	told and
BP	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OF CREMATORY Baker Cemetery	Aberdeen	Harford Maryland
DHMH - 16 50M 1/B1	L FL	NERAL DIRECTOR	Hoon of the			GISTBAR'S SIGNATURE

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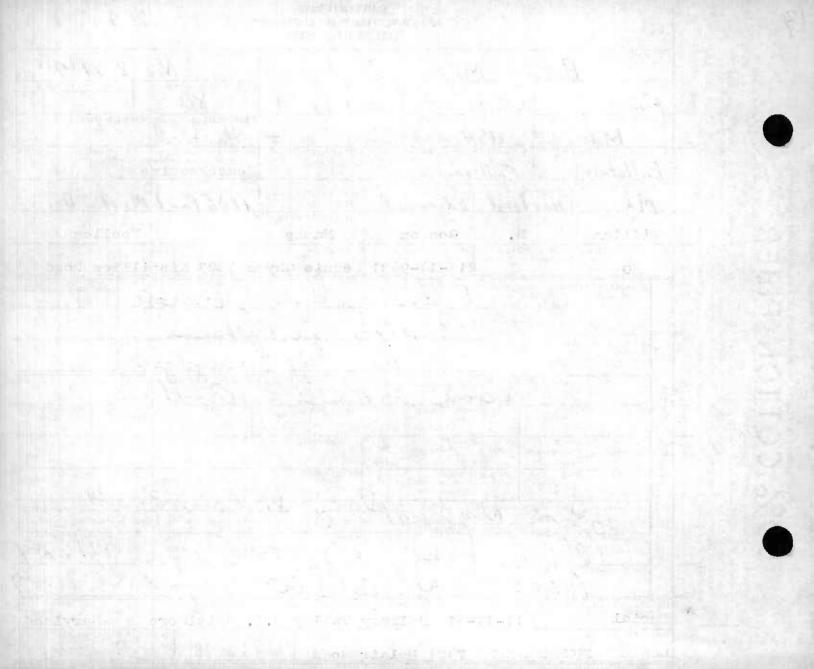
STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8	2	9 4 9	3
M)		CEASED NAME FIRST .	DALE 1 RACE	MIDDLE	S. DATE O	DAY YEAR	20. DATE OF DEATH 1 - 1 C 6. AGE (IN YEARS LAST BIRTH		YEAR 26 HO	47 DER 24 HR
Fied 2	Al-	RTHPLACE (STATE OR FOREIGN DUNIRY) COON. Ohio TY OR TOWN OF DEATH	U.S.	HOSPITAL, NURSING	WIDOWEI	21 39 ENEVER MARRIED DO DIVORCED ROTHER INSTITUTION	P BALTIMORE CITY OF PACE OF WORK FOR MOST OF Carpenter	FORD ON WORKING LIFE)	FDEATH 12h. KIND OF BUSI INDUSTRY Self—Empl	
Sine.	13a S	AL RESIDENCE (IF NURSING HOME STATE Md Har: STHER'S NAME FIRST Larold	OR OTHER INSTITUTION UNITY CORD	Fallstor	1	134 INSIDE CITY LIMITS? YES NOWN 15. MOTHER'S MAIDEN NAV FIRST Maggie	13. STREET ADDRESS 2500 Crest ME	DVA:	r.Fallsto	m, M
event, the medi	Iáo V	VAS DECEASED EVER IN U.S.	ARMED FORCES? 7–1951	722-18-61	RITY NO.	17 INFORMANT Mrs. Regina	M. Colegrov	ss 2500	Crestvie	210
ıy injury, or other traum	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	(b)	DR AS A CONSEQUE DR AS A CONSEQUE ONTRIBUTING TO D	NCE OF	sevo '	MAL DISEASE OR COND	IITION GIVEN	IN PART 1(o)	
18 shows an	CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHICH	OPERATION		200 AUTOPSY? YES NO O	MN CERTIFÝIN YES [ATH?
21 is marked or Item	MEDICAL CE	71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF INTERPRETATION OF INTER	DEATH HOUR A	OF INJURY TREET, FACTORY, OFFICE, FA	ytu	THE LOCATION STREET	Citylor Tow	N 19.	COUNTY , that (I'	STATE
MPORTANT: If Item		tale the decembed of veral base. If I we lider did. 22b. SIGNATURE 22d. PHYSICIAN'S NAME (17P)	me	y ofter death.		EGREE ATTENDING PHYSICIAN 220. ADDRESS AUGUST	MEDICAL STAF	F	22c. DATE SIGNE	
	(URIAL, CREMATION, REMOVA PECEFY) Burial			. John	METERY OR CREMATORY 'S R. C. Cem.		Balt		STATE Id.
25M 1/79	E.	Fassahn, 117	60 Belai:	rRd.P.U.Bo	x147,	Md.21087 NO	V161981	Sunces S	Can Wanth	lene

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13/			FOR STATE REGISTRAR		PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.	29494
	noy be poge 3		CEASED NAME PRINT) Ress	sie Mav	0	ondon	20. DATE OF DEATH MON	. 0 01/015
	Poge 4 mo	3. SE	emale	White	5. DATE C	PEDI 28 01	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER LYEAR MINISTRAL M
	Geoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	MARRIE WIDOWE	D NEVER MARRIED DIONORCED	BALTIMORE CITY OR CO	DUNTY OF DEATH
10	by the filled with	10. C	allston		NURSING HOME (PROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housekeepi	
ND 212	filled in ould be f	USU. 13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 GOU	PROTHER INSTITUTION GIVE RESIDENT	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 1206 Paul	Martin Dr.
MARYLA	campletely 1 on 2 sh		THER'S NAME illiam	MIDDLE 1	ast ndon	15. MOTHER'S MAIDEN NA FIRST		Woollen
BALTIMORE, MARYLAND 2120	n and camp Pages I on		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	14-9431	Dennis Chy	ADDRESS ba 4303 Misj	oillion Road
201 W. PRESTON ST.,	The law requires that the death certificate ion. I has been signed by the attending physici in permit. Then please remove carbon paper liene prior to buriol, cremation, or removol. Tows any injury, ar other traumatic event, the	CERTIFICATION	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Gonditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR AS A COM	andus NSEQUENCESOF NSEQUENCESOF NSEQUENCESOF NSEQUENCESOF AG TO DEATH BUT AG TO DEATH	tritis	170s AUTOPSY7 120b	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) NO \(\text{NO} \)
DIVISION OF VITAL RECORDS,	TO HOSPITAL OR ATTENDING PHYSICIAN: T efounded by the hospital or attending physicis TO FUNERAL DIRECTOR: After this certificate should be detached for use as the buriol-transit with the State Dept. of Health and Mental Hygi IMPORTANT: If them 21 is marked or Item 18 sh	MEDICAL CER	226 SIGNATURE	ATH P.M. MON' P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) OFFICE, FARM, ETC.)	211. LOCATION STREET 19 19 10 d that in (our) opinion DEGREE ATTENDING	CITY OR TOWN to UV deoth occurred on the date o	county state 19 , that (1) (we) last and hour and from the couses stated 22c. DATE/SIGNED
	BP	23a B	SURIAL, CREMATION, REMOVAL	11-11-81	23¢ NAME OF C	EMETERY OR CREMATORY Valley M.	G. Baltimore	e COUNTY STATE Maryland
	DHMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR NAME SSAHN FUNERA	AG	ODRESS	25a. DA	TE REC'D. BY REGISTRAR 256. P	



arring Funeral Home. P.A. Aberdeen. Md. 21001-33

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE B

CERTIFICATE OF DEATH

FOR - STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH-16 30M 2/B0 (VRA 15, 4)

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FOR

-tartore 12a. USUAL OCCUPATION 17s. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LAST Gullion 2310 Turnar Lane, Bel PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 1th IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES I NO TO ZTE, HOW INJURY OCCURRED | ENTER HATTHE OF HOLDER HATTH WIRE FART I OR FART TO COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the course stated 22: DATE SIGNED DIRECTOR PHYSICIAN 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNAT Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3

STATE OF MARYLAND

YEAR

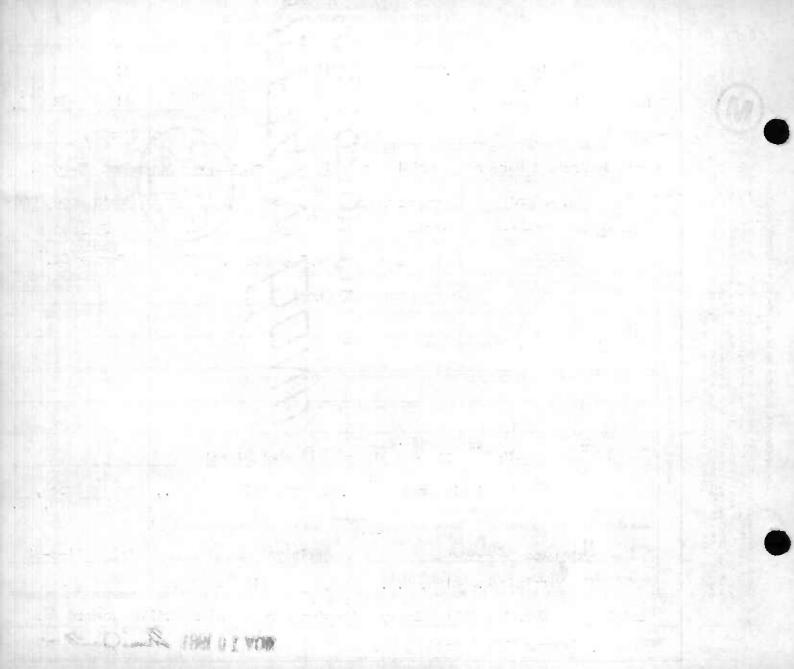
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(VRA 15, 4) 1 5ch

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(REGISTRAR		M		NER'S CERTIFICA	ATE OF DEA	TH REG. 1	10.		
		CEASED NAME	FIRST		WIDDLE	LAST		OF ESTI-	HINOM XX	DAY YEAR	2b. HO
2			Ronal	d	S.teven	Cullum		DEATH MATED	0 11	6 1981	1 3 8
	3. SE	4. R	ACE	5. DATE OF BIRT	TH YEAR LAST BIRT		UNDER 24 HRS.	c. DATE	MONTH	DAY YEAR	18 HC
	M	ale W	hite	May 18		YRS. MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	11	6 1981	1 Z:
16		RTHPLACE (STATE C	R		WHAT COUNTRY?	8. MARRIED X NEVE		BALTIMORE CITY	OR COUNT		
2	Ma	aryland		USA			DIVORCED	Harford	d Cour	itv.	
	10 C	ITY OR TOWN OF D	EATH	11. NAME OF H	OSPITAL, NURSING HO	ME, OR OTHER INSTITUTIO	ON 120. USU	AL OCCUPATION (T		12h. KIND OF BI	USINESS
6		Harve De	Grace	Harfor	d Memorial	Hospital		ost of working life) -Parts Att	ondon	OR INDUST	
1	USUA	AL RESIDENCE (IF IN	NURSING HOME OF	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMI	SSION)	-19 -17		endan	c_ob-go	vu.
5	Ma.	ryland	Harf		13c. CITY OR TOWN		LIMITS? 13e STRE	D 1. Box 1	5 Dob	in Wood	Poo
4	-	ATHER'S NAME	_ llall	oru	Havre de	ar acc	S MAIDEN NAME	JI, BOX I	J ROD	III noou	rwa
20		FIRST	T	ewis	Cullum	Beu	T	MIDDLE		Jackson	
-	16a \	George VAS DECEASED EV			16b. SOCIAL SECUR			ADDRES			
	(Y	ES, NO, OR UNKNOWN)	Vietn	VAR OR DATES)	213-58-40			. Cullum, 9	441	ssex, Mo	a.
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		18 CAUSE OF DE PART I DE ATH	ATH (Enter only WAS CAUSED	y one couse per l	ine for (a), (b), and (c).)					APPROXIMAT BETWEEN ONSE	TE INTERV
	-	0		E CAUSE (a)		ound to Chest					
		955		DUE TO, O	OR AS A CONSEQUENC	E OF				HE VE	
		Conditions, if		(b)							
		couse (o) stoti lying cause la		DUE TO,	OR AS A CONSEQUENC	E OF	* 3				
		lywig cause ia	51.	(c)							
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONIRIBUTING TO GEA	TH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	IVEN IN PART TIGE				
	CERTIFICATION										
	A	190 DATE OF OPE	RATION	196 CON	DITION FOR WHICH OP	ERATION WAS PERFORME	ED?			20 AUTOPSY	(?
	Ē									YES XX	, NO I
5	ER	216. EXTERNAL CA		21b. TIME	OF INJURY OST YE	21c HOW INJURY OF	CCURRED (ENTER N	ATURE OF INJURY IN ITEM 1	8 PART I OR PAI		1.0
91		UNDERLYING &	XOR TCALISE OF D	EATH I OO A	M. MONTH. DAY "YE	81 subject	shot him	colf			
	MEDICAL	216 INJURY OCCU		21e PLAC	E OF INJURY (AT HOME,	21f. LOCATION	31101 111111	3011			
	X	AT WORK AT	T WHILE		ACTORY, FARM, ETC.)	STREET-	m Dobin	CITY OR TOWN	- cou		514
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		220 I certify the	it I took chorge	of the remains o	described abave, held an	Autopsy XX II	Inspection .	Inquiry [, 116	ind in my ap	County	, M
BALIIMORE, MARYLAND, ZIZUI P		death resulted fro	m: Naturo	al couses .	Accident,	Suicide X, Homicide	e Undete	rmined monner			
ξ		ACTUAL	1	28	\. \	TITLE (SPE					
, ,		SIGNATURE	Many	a 22	olan	M.D. Assis	stant MEDI	CALEXAMINER	DATE	0_11-8	-81
	-	EXAMINER'S NAM	. 0		D						
2	19	(TYPE OR PRINT)	Vir	ginia L.	Dolan, M.D	• ADDRESS	III P	enn Stree	r		
	23a.B	URIAL, CREMATION	REMOVAL 23	b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	Y 23d LOC	CATION	COUR	NTY	TAIS
		Burial		ov. 10,	1981 Calvar	y Methodist	Cemetery	,Churchvil	le-Ha	rford-M	d.
		UNERAL DIRECTOR				250	. DATE REC'D. BY			GNATURE	
5))]	Howard K.	McComa	as III,	Äbingdon, M	d.	MUA 1	U DOI M	laster	Admille 77	1.



DHMH-16 50M 7/77 (VR A 15 (4))

	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAN TEALTH AND M FICATE OF DE	ENTAL HYGI	ENE B	2	9 4	7	8
200		CEASED NAME OR PRINT)	FIRST	(MAN	IE)	DRUI	MGOOL	E	2a. DATE OF DEATH		14 81	2b. HO	A M
	3 SE)	EMAI	LE		HITE	AMONT	OF BIRTH	1894	6 AGE (IN YEARS LAST B	YRS			MIN.
5	MA	RIHPLACE (STATE OR FO		USA		MARRY	ED DIV	ORCED	9 BALTIMORE CITY	Ford	COU		MD.
01	FAI	TY OR TOWN OF DEA		FALLST	ON" GI	ENER'AL	HOSPIT		HOMEMAR	TION ERVORKING	12b. KIND INDUSTRY		IESS OR
5	MA	AL RESIDENCE (IF NURS ILATE RYLAND	HARF	ÖRD	FALLS	STON			130 STREET ADDRESS	RSHAI	LL DR.		
20		JACOB				MEYER	15 MOTHER'S /	RY	MIDDLE		POUNT	DER	
1	16a W	VAS DECEASED EVER	IN U.S. ARA (IF YES, GIVE	AED FORCES? WAR OR DATES)		3255	17 INFORMAN EDWAR		ADD MGOOLE 6	RESS 625 K	KENWOOI	AV XIMATE INTI	E.
	rion	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which nediate g the lost.	DUE TO, OF	as a cons frfe as a cons	EQUENCE OF	levot to El	O THE TERMIN	CVD MIL TO HONAL DISEASE OR CO		Jong Jong GIVEN IN PART I		. Li
2	CERTIFICATION	190 DATE OF OPERAT		196 CONDI		HICH OPERATIO	N WAS PERFOR		200 AUTOPSY? YES NO NO	IN-CERT	YES, WERE FIND TIFYING CAUSE YES		ATH?
9	MEDICAL CE	21a. ACCIDENT WAS UNED OR CONTRIBUTING CITY (IF EITHER, NOTIFY MEDIC.) 21d. INJURY OCCURE WHILE NOT WA AT WORK NOT WA AT WO 22a.1 certify that (I) sow the Decease obove (I) (we) (c) 22b. SIGNATURE	AUSE OF DEAT AL EXAMINER) RED HILE (this hospited	H HOUR A./ P./ 21e PLACE ((AT HOME, STR	M. MONTH	(-1	211 LOCATION STREET AT THE PROPERTY OF THE PRO	, 19 JK our) opinion de	CITY OR T	own date and h	county	, that (1)	
		27d PHYSICIAN'S NA	- 4	7. 19	Son	- 14	220. ADDRESS Box 1	58	MINSSVII	,	MJ. 2	-108	= 7
	(:	BURIAL JNERAL DIRECTOR NAME VACL	removal	23b. DATE 11/18	3/81	GARDI	ENS OF	FATTH	BALTO. REC'D. BY REGISTRA 16 1981	R 2514 REGI	BALTO ISTRIA	M. M.	iD.

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BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG		2	9 5	0 0
	I. DE	CEASED NAME	FIRST	,	AIDDLE	i.	AST		REG. 2a DATE OF DEATH		AY YEAR	26 HOUR
1	(TYPE	E OR PRINT) MA	UDE	ROBIN	SON	GOLOM	BIESKI		November			5:25 PM
1	3. SE	x Female		Mhito			MONTH DAY YEAR		6 AGE (IN YEARS LAST E		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
		IRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	/? 8.	□ NEVED	MARRIED	9. BALTIMORE CITY		OF DEATH	
0		rth Caroli	na	USA WIDOW				NORCED	Harford C	ounty		MD
3	11	oppatowne	ATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 525 Eckhart Drive			NOITUTITE	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS Housewif	ATION T OF WORKING LIFE		OF BUSINESS OR	
F	13a S	ALRESIDENCE (IF NURS STATE ryland	136. COUI Hari	YTY	GIVE RESIDENCE BEFO 13c. CITY OR TO Joppatow	WN	13d. INSIDE (CITY LIMITS?	13e. STREET ADDRES. 525 Eck		ni ro	
	14 FA	ATHER'S NAME						'S MAIDEN NAM	ΛE	nari. Di		
18		Brinson		MIDDLE]	Robinson		Car	oline	MIDDLE	Wil.	liamso	
1		WAS DECEASED EVER	IN U.S. AF		166 SOCIAL SEC 241–16–	URITY NO.	17. INFORM	ANT		RESS	towne.	Md.
	ATION	18 CAUSE OF DEAT PART I. DEATH W Conditions, if any gove rise to im- couse (o), stotir underlying couse PART 2 OTHER SIGN	/AS CAUSE IMMEDIA , which nediote ng the lost.	DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CO	R AS A CONSEON R AS A CONSEON R AS A CONSEON DONTRIBUTING TO	LEARNE OF LIST NO DEATH BUT	ali	Slavis O TO THE TERM Le On	ancer INAL DISEASE OR CO Morning 1700 AUTOPS	7 N	198	4,81
7	CERTIFICATION	21a. ACCIDENT WAS UNI		776. COND					YES NO	IN CERTIFY YES	ING CAUSES	
1	MEDICAL CI	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE.	HOUR A.	M. MONTH 1 M.	DAY YEAR	21f. LOCAT		ED (ENTER NATURE OF IN	IURY IN ITEM 18, PA	IRT 1 OR PART 2}	
3	ME	WHILE NOT W	HILE		EET, FACTORY, OFFICE	E, FARM, ETC.)	STREET		CITY OR T	OWN	COUNTY	STATE
		22a.l certify that (I) saw the decease obove (I) (we) (view the body		81, on	d that in (my	(our) opinion o	deoth accurred on the	dote and hour		
		226. SIGNATURE DEGREE 220									Nov.25	
		ALBERT		SUN, M	.D.		22e ADDRE 1800		Road, Fal	.lston,1	Md. 210)47
	B	Burial, Cremation, Specify) Burial	REMOVAL		1981 Hol	NAMEOFCI		Gardens		liver -	Balto	- Md.
		IOWARD K.	[cCom	as III.	Abingdor	n. Md.	K	250. DATE	REC'D. BY REGISTRA	R 251 REGISTA	AN'S SIGNA	Parthen

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STATE OF MARYLAND

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIENE	8	ì	2	9	5	0	2
CERTIFICATE OF REATH							

1 - STATE REGISTRAR				CERTIFI	CATE OF DEATH		REG. N	0.				
I. DECEASED NAMI	FIRST	MII	DDLE	LA	(\$1	20. DATE	OF DEATH	MONTH	DAY	YEAR	2h HQL	815
(TYPE OR PRINT)	Bessie	M		Ha	and	Nove	mber :	XXX	25	81	10	1
1. SEX		4 RACE		5. DATE OF	F BIRTH	6 AGE	N YEARS LAST BIR	THDAY	IF UNDI	ER 1 YEAR	IF UNDER	24 HR5
Female	1	Whit	e	02 18 91		9	0	YRS	MONTHS	DAYS	HOURS	MIN.
BIRTHPLACE (S		76. CITIZEN OF W		8	_	9 BALTIA	ORE CITY O	1110		EATH		
COUNTRY	ryland	US	A	WIDOWEL	NEVER MARRIED	A	Harfo					MI
10 CITY OR TOWN		11. NAME OF HO	OSPITAL, NURSIN	G HOME OF	ROTHER INSTITUTION	120 USUA	LOCCUPAT		126	KINDO	F BUSINI	-
Bel Ai	r	Bel Air	Convale	scent	Center, In	nc. Ins.	Under Under	ewrit	er IN	DUSTRY	nsur	and
USUAL RESIDENCE 130 STATE Mary	31 COUN	other institution G ITY 1 1timore	3c. CITY OR TOW Lutherv		138 INSIDE CITY LIMIT		T ADDRESS	1020			2.	
14. FATHER'S NAME FIRST Thom:	as	MIDDLE A.	Hand		15 MOTHER'S MAIDEN	abeth	MIDDLE B.			Cai		
160 WAS DECEASE			66 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRI					
YES NO OR UNKNO	WN) (IF YES, GIVI	E WAR OR DATES)	216-05-	8792	Paul J. Ha	and, 102	0 Kent	t Ave	, Ba	lto.	Md. 2	12:
4111 Conditions,	gir ony, which	E CAUSE (0)	AS A CONSEQUE	No.	1schen	me b	but	Di-	ie.	20		DEATH
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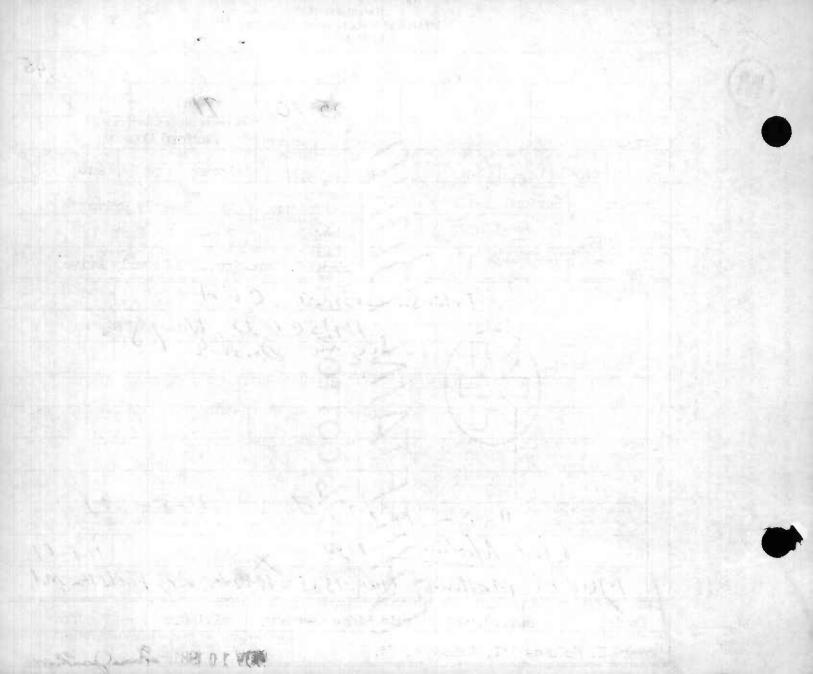
STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE O I	las	7 0	U. ~	
						CALL OF DEATH	REG. N				
1		OR PRINT)	- Sto	Stopped Huga		ASI	26. DATE OF DEATH	MONTH E	DAY YEAR	1545P	
	3. SEX		4. RACE	ILN	5. DATE C	AE BIDTH	6. AGE (IN YEARS LAST BE	IRTH(CAY)	IF UNDER I YEAR	IF UNDER 24 HRS.	
	3. 367	MALE	White		MONIH	25 10	71		MONTHS DAYS	HOURS MIN.	
1	7a. Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY		OF DEATH		
5	Ma	aryland	US		WIDOWE			rd Cour		MD.	
32	F	ALS TON	FALS+	CH FACILITY, GIVE STREET	ADDRESS)	TOSDITA	12a. USUAL OCCUPAT (IYPE OF WORK FOR MOST Laborer				
5		at residence (if hursing how state 13b, Ci aryland Ha	WE OR OTHER INSTITUTION OUNTY rford	Joppa	admission) N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2503 Bev		Drive		
2	14. FA	THER'S NAME	MIDDLE	1467		15. MOTHER'S MAIDEN NAM					
10		George		Hughes		Alice	WIDDLE	Par	rks LAST		
1		VAS DECEASED EVER IN U.S		166. SOCIAL SECU		17. INFORMANT	ADDR		oppa, M	d.	
	(1	(IF YES	S, GIVE WAR OR DATES)	218-01-48	379	Philip J. Per	egino,2503	Bever.			
w		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:	r line far (o), (b), one	d (c).)	Brilat (OVA		BETWEEN	MATE INTERVAL DISET AND DEATH	
		4029 IMME	DUE TO: C	OR AS A CONSEQUE	NCE OF	MACRIE	D 1/2				
12		Canditians, if any, which	h ((b)_		0 /	474360	y, He	X	c > ,		
		gove rise to immediate couse (o), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF THE CON									
	(c)										
	NO.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
9	CERTIFICATION	196. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?	
1	ERT	21a, ACCIDENT WAS UNDERLYING	G T 21b. TIME C	DE INTITION		21c. HOW INJURY OCCURR	YES NO	YES		NO 🗌	
1		OR CONTRIBUTING CAUSE O	F DEATH HOUR A	.M. MONTH DA	YEAR	THE HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	ART T OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATÉ	
- 1	×	AT WORK AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC.)	1.		~	-0-1	JIAIE	
		220.1 certify that (1) (this h	11	he deceosed fram_	5/	7 /5/10	, ta//-	8-		that (I) (we) last	
		saw the deceased alive abave, (I) (we) (did) (did	d not) view the body	after death.		d that in (my) (our) opinian o	death accurred on the c	date and haur			
		22b. SIGNATURE	Varlify	blew	/	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	Dr /	
		MURL	PE OR PRINT)	1hm.	Mp	1365 - F-1	Meston Ro	1) Fa	eks lon	md.	
	23a. B	urial, cremation, remo specify Burial	NOV. 10,			emetery or crematory idge Cemetery	Baltimor	e -	COUNTY	Md. STATE	
		INERAL DIRECTOR					REC'D. BY REGISTRAF	R 25b. REGISTE	RAR'S SIGNATI	JRE	
	Ho	ward K. McCon	nas III,	Abingđồn,	Md.		DV 1 0 1981	2		20-	
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DHMH-16 30M 2/80 (VRA 15, 4)

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(VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2b. HOUR Beulati -00e 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR F UNDER 24 HRS temale 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY . Havre de Grace TETORO TACKER Cognain Cd. 13e. STREET ADDRESS Harre de Grace 220 Blooms bury Ave NO [160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 215-28-0908 MRS. Edna Klunk 5001 BROOK wood N 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (did) (did not) view the body after death 22b. SIGN.A1 DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Hill Cometer 24 FUNERAL DIRECTOR DHMH - 16 50M 1/BI Charles L. STEVENS FUNERAL HOME, INC. 150/ E. FORTANON

TO STATE OF STATE OF

W. Brondway & Williams St.

BET ACT MANIAM 21014

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR

FOR

24 FUNERAL DIRECTOR

POMMEDY William Poster

my Diville From

DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

REG. NO.

MONTH

DAY

YEAR

IF UNDER 1 YEAR

MONTHS DAYS

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26. HOUR

HOURS

12b. KIND OF BUSINESS OR

U.S. AirForce

LAST

IF UNDER 24 HRS

LINKERNAL

206. IF YES, WERE FINDINGS USED

COUNTY

22c. DAJE SIGNED

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IN CERTIFYING CAUSES OF DEATH?

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTIAND 21201	4-	
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1	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours off	retained by the haspital or attending physician.
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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers- Pages 1 and 2 should be littled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other froumatic event, the

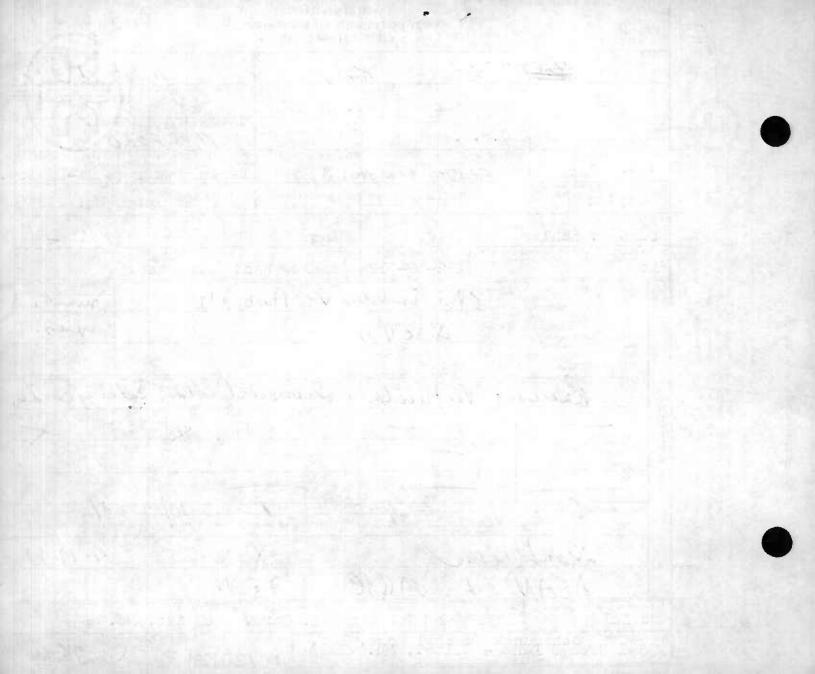
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	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY	REG. N	£-	1 23	
	1. DECEASED NAMF (TYPE OR PRINT) Cathe	rine	M.	H	Ah I	20. DATE OF DEATH	MONTH DA	7 81	26 HOUR M
	3. SEX	4 RACE	350 5	5. DATE C		6 AGE LINYEARS LAST BI	THDAY}	FUNDER I YEAR	IF UNDER 24 HRS
	1-	Cauca		Oct	2, 1913	68 YRS.			TIOORS MIN,
3	Maryland	U.S.	WHAT COUNTRY?	MARRIE!	NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH HARFORD CO.			
3	Fallston	(IF NOT IN SUC	H FACILITY, GIVE STREET A		or other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Tavern O	ION DE WORKING LIFE) WNET	INDUSTRY Self-	Employ.
1	USUAL RESIDENCE (# NURSING HOME OF 130 STATE Maryland 136/5014	9/1-6	Perry	Hall	134 INSIDE CITY LIMITS? YES NO 16	13. 4129 Ka	hlston	n Rd.	21236
1	Louis J. Kahle		LAST		Anna Anna	MIDDLE		AS I	T makes
2	1/10	E WAR OR DATES)	212-40-			as 13			
2 2	The Cause of Death lenter or Part I. Death was cause IMMEDIATED IM	DUE TO, OI (b) DUE TO, OI (c) 19b CONDITIONS CO 19b CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DISTRIBUTING TO D TION FOR WHICH OF FINJURY M. MOINTH DA M. DEFINJURY BELL FACTORY OFFICE FA de deceased from deceased from	NCE OF NC	NOT RELATED TO THE TERM	AIN AL DUFEASE OR ON 200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the death	20b. IF YES, IN CERTIFY! YES OWN.	WERE FINDINING CAUSES COUNTY	STATE that (I) (we) last couses stoted SIGNED
	230. BURIAL, CREMATION, REMOVAL BÜFIA1 24 FUNERAL DIRECTORS Chim 3331 Brehms	23b. DATE 11/20 unek_Fr	0/81 Be	el Ai	EMETERY OR CREMATORY OF Mem. Gar 21213	d BelowA:			STATE URE Wather
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STATE OF MARYLAND



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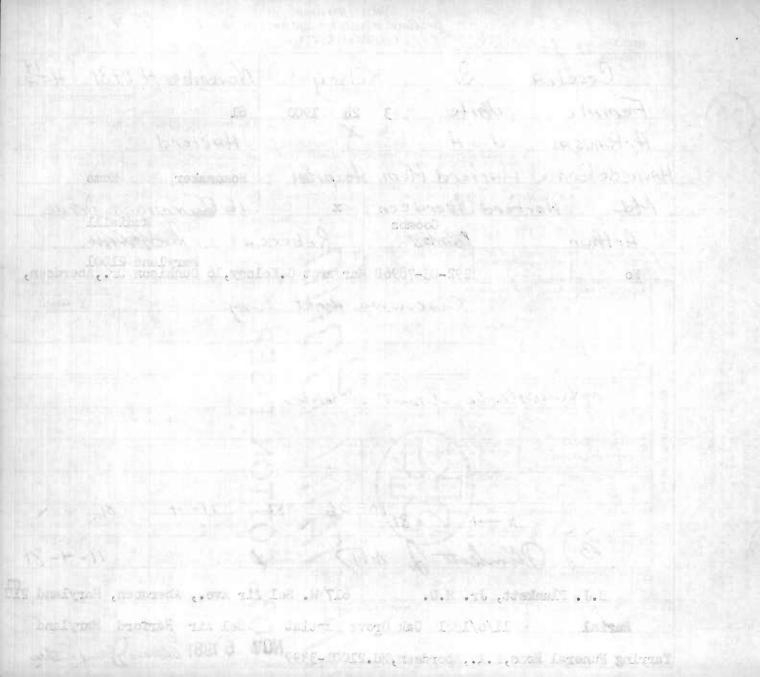
STATE OF MARYLAND

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1	-			TE OF MARYLAND	63 5 63	0 0	7
1	1-	OR STATE		HEALTH AND MENTAL HYGIE		9 9 9	1
	-	REGISTRAR FIRST	MEDICAL EXAMIN	IER'S CERTIFICATE OF DE	NE OTTO		
2 2 2 2 2 E		CEASED NAME FIRST A	Charles	KARR	28. DATE KNOWN AMOUNT OF ESTI-	11-23 1981	Ngo N
RY, PLEA DIRECTO OUR FILE 72 HOU ON STREE	3. SEX		DATE OF BIRTH 6. AGE (IN YEAR LAST BIRTHD	ARS IF UNDER 1 YR. IF UNDER 24 HRS AY) MONTHS DAYS HOURS HER	PRONOUNCED	CINTH DAY FEAR	14 HOUR
ARY, F N DIRE YOUR YOUR STON S	7- 01		4 - 15 -24 57 Y	RS.	DEAD /	11 - 23 10	P.M
FOR NITH A	11/2	w York.	USH.	MARRIED NEVER MARRIED UNDOWED DIVORCED	BALTIMORECITY OR C	1	MD.
PAGE FILE	0	entitle.	II. NAME OF HOSPITAL, NURSING HOM (JE NOT IN SUCH FACE) Y. GAY STREET ADDRESS)	E, OR OTHER INSTITUTION	SUAL OCCUPATION PROPERTY WORKING LIFE TO WORKING LIFE TO WORKING LIFE TO THE CONTROL OF THE CONT	ASSOCIAL S	POUT.
SAFTER DEATH. IF ANY DE GIVE PAGES 1, 2, AND 31 OF THE PORM PAGES 1 AND 2 SHOULD BIVISION OF VITAL RECORDS	USUA 130, S	L RESIDENCE (IF INNURSING HOME OR ATE 13b. COUNTY	OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISS	13d. INSIDE CITY LIMITS? 13e ST	TREET ADDRESS	Great Fred	
H. IF. A. 3. P. 3.	14. FA	THIR'S NAME	MARIE I HAST	15. MOTHER'S MAIDEN NAM	AE MIDDLE	1 Aug	7
O A PRES	160 14	AS DECEASED EVER IN U.S. ARMI	Karkows	V NO 17 INFORMANT	ADDRESS	Lubran	w.
NG" IN PENCIL IN 116M 18. GIVE PAGES 1, 2, 20. EXAMINER ALONG WITH FORM PM 3. BURIAL TRANSIT PERMIT PAGES 1 AND 28. AND MENTAL HYGIENE, DIVISION OF VITAL. PATION, OR REMOVAL.	(Y	S. 10, OR UNKNOWN) (IEVES, GIVE W.	AR OR DATES) 45 096-14-2	3 N Wife 2905	Rolling Green	Greve.	
MIT. F		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	BY: D UD	m	0 / +	APPROXIMATE BETWEEN ONSET	T AND DEATH
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4 T 2		PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).			
USED AS A BUILD OF HEALTH AND JRIAL, CREMATI	OI	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS BEDEODMEDO			
SA H H	CERTIFICATION	THE DATE OF OPERATION	199. CONDITION FOR WHICH OPEN	KATION WAS PERFORMED?		20 AUTOPSY?	NO M
AENT TO BL	CERT	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA	214. HOW INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 PART		NOW
ARTY OF THE	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH P.M. 19				-21
TH THE STATE DEPARTMENT OF HEARY CANDON 21201 PRIOR TO BURIAL, C	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
# P.		22a. I certify that I taak charge	of the remains described above, held on	Autopsy , Inspection ,	Inquiry , ond in	my apinion	
L DIRECTOR: H, WITH THE MARYLAND,		death resulted from: Natural	couses , Accident , Su	vicide , Homicide Und	etermined monner ,		
SHOULD RAL DIR ATH, WI RE, MAR		ACTUAL & MAN	wal H. Wen.	M.D. Deputy ME		DATE 11/23/	21
PEATI ORE,		SIGNATURE 1	The state of the s	M.D. THE ME	DICAL EXAMINER	SIGNED	5/
TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYL	and .	EXAMINER'S NAME Sam	vel H. Henck	ADDRESS White	lord mid	21160	
CE49	23a.BI	RÍAL, CREMATION, REMOVAL 234	MISG/KST An Luis	METERY OR CREMATORY 23d.	STATION TOUR	11-	VIA
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		REGISTRAR		ER'S CERTIFICATE OF I		
# 2 4 5 F		CEASED NAME FIRST E OR PRINT) RICHAF	MIDDLE D	KLINE	20. DATE KNOWN W MONOR OF ESTI- DEATH MATED 11	1-24-8,1
100	3. SEX	4. RACE 5. D	ONTH DAY YEAR LAST BIRTHDA	ARS IF UNDER 1 YR. IF UNDER 24 I	HRS. 2c. DATE MON	17
18 E 9 2 C	7a. B		CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
BASS STORY		REMD	NAME OF HOSPITAL NURSING HOME	WIDOWED DIVORCED	Harford Cour	MD.
O O SI CONTRETED		Aberdeen 1	15 Market Street Adpress)		FOR MOST OF WORKING LIFE	OR INDUSTRY
.; BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DEATH B. GIVE PAGES 1, 2, AND 310THE WITH FORM PM. 3: RETAIN FORE T. PAGES 1 AND 2 SHOULD B. FILEE DIVISION OF VITAL RECORDS, 201	13a. S	IL RESIDENCE (IF IN NURSING HOME OR OTH TATE 13b COUNTY	RER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN THE TOWN TOWN TOWN	113d. INSIDE CITY LIMITS? 113e	STREET ADDRESS	<7
MD. 2 H. IF M. 3. M. 3.	14. F/	THER'S NAME	DDLE LAST	15. MOTHER'S MAIDEN N		LAST
AORE, MC R DEATH. AGES 1, 2 RRM PM 2 1 AND 2 V OF-VITA	160. V	AS DECEASED EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECURITY	FRANCES	D. FI	PANHLIN
S AFTE GIVE P TH FO PAGES VISION	(Y	(IF YES, GIVE WAR C	218-82-	4024 FRANCES	P. FISH	CITY MID
2 0 2 0 8 8 3 3		18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY:	e cause per line for (a), (b), and (c).) Shotgun wound	d to right chest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST. WITHIN 24 HOU ENCIL IN ITEM 18 MINER ALONG Y TRANSIT FERMIT INTAL HYGIENE, I OR REMOVAL.		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE (DF:		
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EXECUTED NG" IN PROCESS EXAMPLES OF A BURIAL-HAND MEI WATION, C		lying cause last.	(c)			
CORDS BE EXENDING NDING NEDICA AS A BU ALTH AN CREMAN	NO	TAKE 2 OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1	0 ·.	
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MER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 POTE, WRITING THE WORD "PENDING" IN PENCIL IN ITEN FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON OR, PAGE 3 SHOULD BE USED AS A BURIAL - IRANSIT PER HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEIN ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAIND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAIND.	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING XX OR	116 TIME OF INJURY	216. HOW INJURY OCCURRED 18 Subject shot	ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	YES XX NO DR PART 2]
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2			the remains described above, held an	Autopsy XX Inspection		y apinion
EXAMINES CERTIFICA JUD BE FO DIRECTO WARYLANG		death resulted fram: Natural co	Accident Sui	cide , Hamicide XXX L	Indetermined manner,	
CALE SHOU SHOU ERAL OF EATH, ORE, M		SIGNATURE 1112	re for wall	M.D. <u>Assistant</u>	MEDICAL EXAMINER SK	ATE GNED 11-25-81
TO MEDIC EXECUTE: TO FUNE BATTIMOI	100	EXAMINER'S NAME (TYPE OR PRINT)	Margarita A. Korel	L.M.D. D.	11 Penn Street	
	23a.B	JRIAL, CREMATION, REMOVAL 23b. D	ATE 23c NAME OF CEA		A 4	COUNTY STATE
BP	24. F	UNEMO DIRECTOR OF THE	ADDRESS HES A TEN	THE 250. DANGER		Sulvivinis
(VR A15 ME (5)) 15M 2/80	1	1 FOARD FUN	ICRAL HORE	CITYMIP		-

TO THATEST TO COLOR & IS WHAT OF WILLIAM P. MELHE FRANCES D. FRANCES THE MANY CORNERS OF THE CORE

4 8	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE 8	. 2)	1 4
e 4 may be train, poge 3 coffee death		CEASED NAME FIRST OR PRINT! SEFFINE		lan	S. DATE C	Link FBIRTH	20 DATE OF DEATH	MONTH STAY	8/	140 PM
Pogine dire		MALE RTHPLACE (STATE OR FOREIGN	Whi 76. CITIZEN OF	te WHAT COUNTRY?	1 0 8.	15 1957	9. BALTIMORE CITY	YRS OF		DURS MIN
\$ 55 a	mark.	nnsylvania	U.	S.A.	WIDOWE		Han	ford		MD.
rs ofter dec by the fune filed within		TYOR TOWN OF DEATH Fallston	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET, STON GE:	ADDRESS)	spital	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Enginee)	OF WORKING LIFE)	126. KIND OF E INDUSTRY Electr	
din be	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COURT HAT	VIY	130. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?		oss Cou	ıntry	Court
BALTIMORE, MARYLAND cote be executed within 24 systeon and completely fille opers. Pages I and 2 should avol. 11, the medical stammer mes	14. FA	John C	harles	Klin	k	is, mother's maiden n. Joan	Lee		Dunbar	
imone ce		VAS DECEASED EVER IN U.S. AF (IES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	218-76-		John C.	ADDR Klink	ess same as		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse pe D BY: TE CAUSE (o)	Herte M	zelo	eyti len	keins 1	i .	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
death death ove cartion, or		2050 Conditions, if any, which	DUE TO, C	DR AS A CONSEQUE	NCE OF	Blashi	Stage i	2		
that the that the case rem		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	DR AS A CONSEQUE	NCE OF					
rRDS, 20 equires an signed Then ple r ta burin injury, o	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON			
he low re oon. hos been to permit iene prior oows ony i	CERTIFICATION	190. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? YES NO.	20b. IF YES, W IN CERTIFYIN YES	G CAUSES OF	S USED DEATH?
PHYSICIAN: The ending physicion this certificate had build-tronsit p and Mental Hygien dor Item 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		Y YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	PRY IN ITEM 18 PART I	OR PART 2)	
IVISION O OPPHYSIC Oppending For this cer for the burian ond Ment	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
TTENDI pital or TTOR: A for use of Heal		22a. I certify that (I) (this hosp saw the deceased alive as above, (I) (we) (did) (Idid n	11-	11- 198	11-1	d that in (my) (our) opinion	, to	ote and hour an		it (I) (we) last uses stated
the hor the hor the hor the hor the Dep		226. SIGNATURE	nlike	better 1	19	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		226. DATE SK	SNED
HOSPII		MURLI	MAT	INR		1305 Falls	ton Rel; f	alsh	2 mol	2104)
		BURIAL, CREMATION, REMOVAL	/-	,		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		PINTY	STATE
BP	24 FI	Crematio	n 11/1	2/1981	West		Park Bal	timore	R'S SIGNATUR	Md.
DHMH-16 30M 2/80 (VRA 15, 4)	M	NAME	rtz	Jarrett	svil		0V 1 3 1081	ME	v on	

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	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. NO	2 9 :	1 5
A Good	(TYPE	OR PRINT) WILL	AM	Allison	LI	DDLE	11-8-81	MONTH DAY YEAR	5 PM
ors often	3. SE)	MAIE	4. RACE	Vhite	8	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	
deoth. Po	K	RTHPLACE (STATE OR FOREIGN COUNTRY) THINDER-BY ITE	76. CITIZEN OF	S. A.	9 8. MARRIEI WIDOWE	DINEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	FORD	MD
by the fulfilled with	·F	ALLS TON	FALLS 7	CON GE	NERA	L HOSPITAL	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	OF BUSINESS OR
AND 212 AND 212 Tilled in rould be frimust be			OUNTY	131. CITY OR TON		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	nin Street	
completely I and 2 st	14 FA	THER'S NAME	Ellmood	14dd1	E	IS MOTHER'S MAIDEN NA	REEDE		AST
BALTIMORE, MARYLAND cote be executed within 24 special and completely filled apers. Pages I and 2 should wol. it, the medical examiner mu	(1		ARMED FORCES? GIVE WAR OR DATES) (1-192)	216-22-		(17 INFORMAN (Daughter)	100%	ss main street ington, manyl	AN 21034
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r only one couse pe USED BY: DIATE CAUSE (a)	er life for (ax 161, o	Pulm	mary tail	hve		DXIMATE INTERVAL N ONSET AND DEATH
W. PRESTON ST., of the deoth certify y the attending pt se remove corbon cremotion, or remove ther troumotic even		2028 Conditions, if ony, which	DUE TO, C	OR AS 3 CONSEQU	JENGE OF	Latrusion			
		gove rise to immediate couse (a), stating the underlying couse lost.	DUETO	or as a constol	ENGE OF F	HOMA			
RDS, 20 equires t n signed Then ple r to burio	NOI	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	l(a)
he low roon. on. to permit. ene prior ovs ony	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	OINGS USED ES OF DEATH?
ING PHYSICIAN: The low requires the oftending physicion. Wher this certificote hose been signed to as the buriol-tronsit permit. Then pleo the ond Mental Hygiene prior to buriol, orked or them 18 shows any injury, or or		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH [P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	
IVISION IG PHYS offending ter this c s the bur n and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	21 LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
PIVING RATTENDING hospital or att RECTOR: After red for use as tipt. of Health or is market.		22a. I certify that (I) (this had saw the deceased alive bove. (I) (we) (did) (did	оп	19_			, to death accurred on the da	te and hour and from the	e, that (I) (we) last ne causes stated
0 0 0 0 0	1	Donature In	much	Ame	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F //	T/J/
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Store		PANTE		NAKIL		6726. Mm	n'Are Ho	mill Genz	, his
D 5 5 4 3 5 7 7	23a. E	SURIAL, CREMATION, REMOVES	VAL 23b. DATE		-	EMETERY OR CREMATORY	23d LOCATION CITYOR TOWN LONG GREEN	Batter Con MA	myloner STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 FJ	MERAL DIRECTOR IL AND	Fister !	N. Brandwa BELLIN	y a Will Dryland	All Marins	OV 1 2 1981	256. REGISTRAR'S SIGN	Mathews

STATE OF MARYLAND

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BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

-		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 9 5 1 4									3	
	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIR	RST	WIDDLE	LAST		20 DATE OF	DATE OF DEATH MONTH DAY YEAR 26. HOUR				
	(1148	MARGAR	et m	ary n	Marll		Nove	imber 11	1981	B:10 /	DM	
	3 SE	× 3	4 RACE	5. [5. DATE OF BIRTH MONTH DAY YEAR		6 AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HI	-	
	Female 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		Whi	2.	Dec. 19, 1898		82	YRS.				
1			USA		MARRIED X NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH HAR ford MD.				MD.	
	Ha	rc de Geac	e Harfor		ss) Ha	er INSTITUTION Spital	CCUPATION FOR MOST OF WORKING LII SEWIFE	OST OF WORKING LIFE) INDUSTRY				
1	Maryland Harford Abir			Abingdon	own 134. Inside city limits? YES NOTE:			3110 Emmorton Road				
14 FATHER'S NAME			WIDDLE	LAST	15. MO	15. MOTHER'S MAIDEN NAME EIRST MIDDLE			LAS	ıT .		
4	16- 14	George		Bergmann ORCES? 166 SOCIAL SECURITY NO.		Mary	Foet		rtschbeck			
			YES, GIVE WAR OR DATES)	218-54-22			rll, Be	el Air. Md				
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:							MATE ATTEVAL DHIST AND DEAT	1		
		Conditions, if ony, which (b) DUE TO, OR AS ACONSEQUENCE OF Carcinome = 4										
		gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS ACONSEQUENCE OF LOST. (c) DUE TO, OR AS ACONSEQUENCE OF LOST.										
	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERA			RATION WAS	PERFORMED	200. AUTOR	IN CERTIF	WERE FINDING YING CAUSES			
		21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DAY	YEAR	OW INJURY OCCUR	RED (ENTERNATI	URE OF INJURY IN ITEM 18 P	ART T OR PART 2)			
	MEDICAL	WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, E	TC)	STREET	3 st=	CITY OR TOWN	COUNTY	STATE		
		220.1 certify that (1) this haspital) attended the deceased from										
						DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						
		22d. PHYSICIAN'S NAME (TYPE OR PRINT) AM & May 1			D, 319 So Willow Ave Home DE GRACE MI						1	
		urial, cremation, rem Burial	Nov.14,			y or crematory Cemetery	Brace		ltimore	Md.	0	

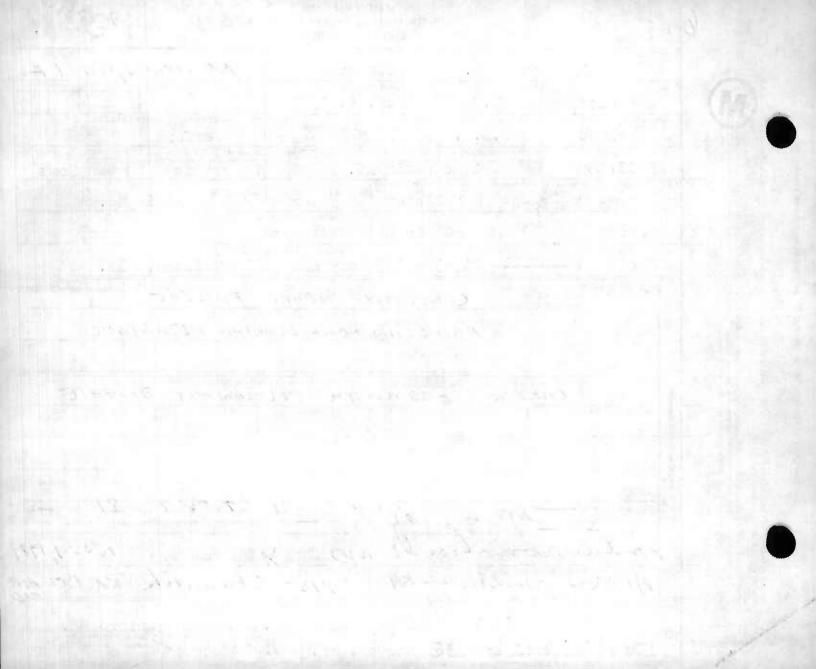
14 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. NOV 1 3 1981

MV 13 1881 American Mark

STATE OF MARYLAND

Hatened - Varidas some Newsman 18118 - Sta 1-81114 c - White - 25. 1. 1927 William - Mrs. 14 Hardryd October 15 to 15 t Marie the come Hacronia Hom Hay late Md- standard months - bW La I Langer en Debug 15004 4000 Land Dunfall, Johnson H. Salvanov, Matheud Card PART OF THE PROPERTY OF THE PR 13 -1, -11 -12 -12 -131; 11 18 . Other plant of the entire of the part of the party o The second of the Williams are the second of the second of

(VRA 15, 4) 1/79



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
100	MEASE	DUPREE	Mc CRAE	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR - 2-81 1/:10
1, 58	F	B'	5. DATE OF BIRTH MONTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 MONTHS DAYS HOURS
S	rute Carelina	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY HARFORD	NTY OF DEATH
H	AURE de CRACE	AR FOR	EMORIAL HISPITA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 12b. KIND OF BUSINESS
13a.	JAL RESIDENCE (IF NURSING HOLD OR C STATE	TY 13/CITY OR TO		13e. STREET ADDRESS	POX 311.
	LEE	MC RO	15. MOTHER'S MAIDEN N FIRST ARY	Low MIDDLE PE	FIERTIN
	WAS DECEASED EVER IN U.S. ARN (YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166. SOCIAL SE 213-18	CURITY NO. 17. INFORMANT B-1452 Shila Law	VIENNA, V	ud.
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECTION OF THE CONSEC	OVENCE OF Grebo Vascus	lar Accident	GIVEN IN PART I/g
CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH
MEDICAL CERT	2]a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO 18 PART 1 OR PART 2)
0	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM. ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STA
×	AT WORK NOT WHILE AT WORK				
W	27a.l certify that (1) (this haspita sow the decoded alive an above, (1)	11-2- 19	(2)	to	, 19 , that (I) (we have and from the causes state

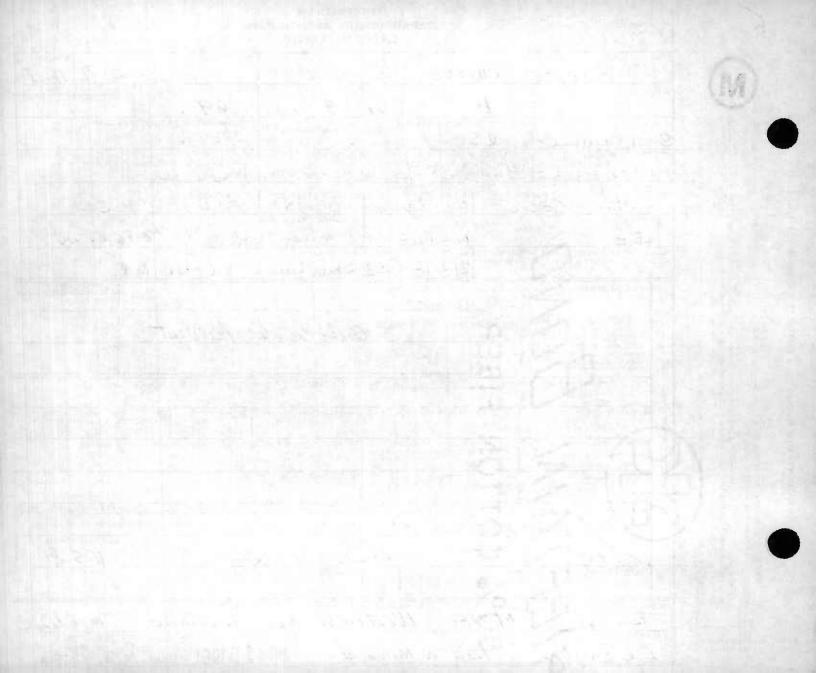
DHMH - 16 50M 1/8I (VRA 15, 4)

marked or Item 18 shows any

24 FUNERAL DIRECTOR
E.L. Phillips

1721-27 N. Monsae St.

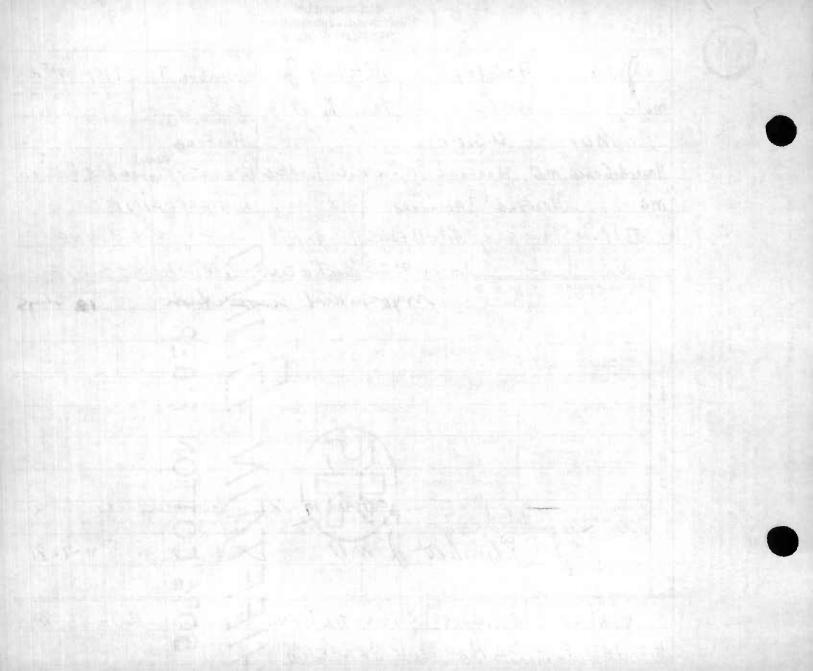
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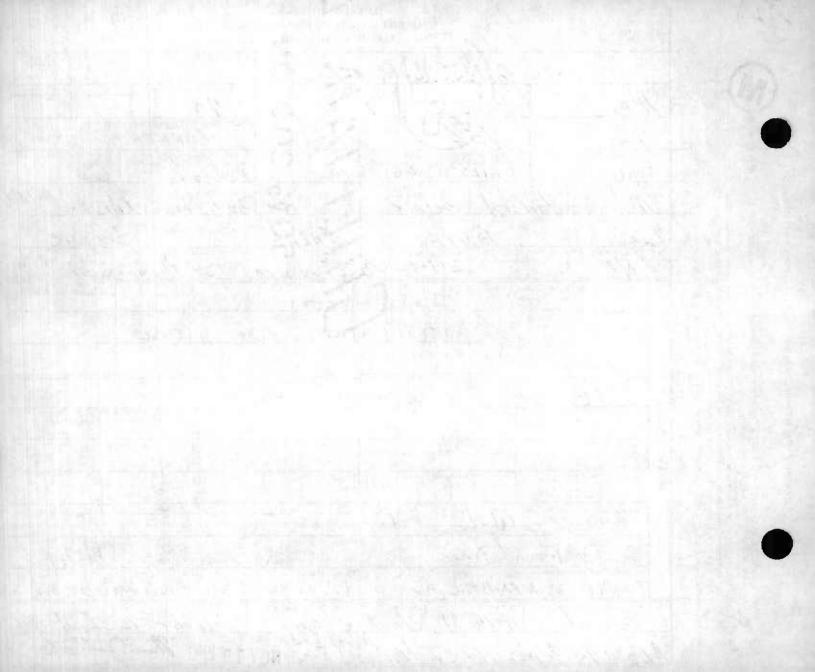


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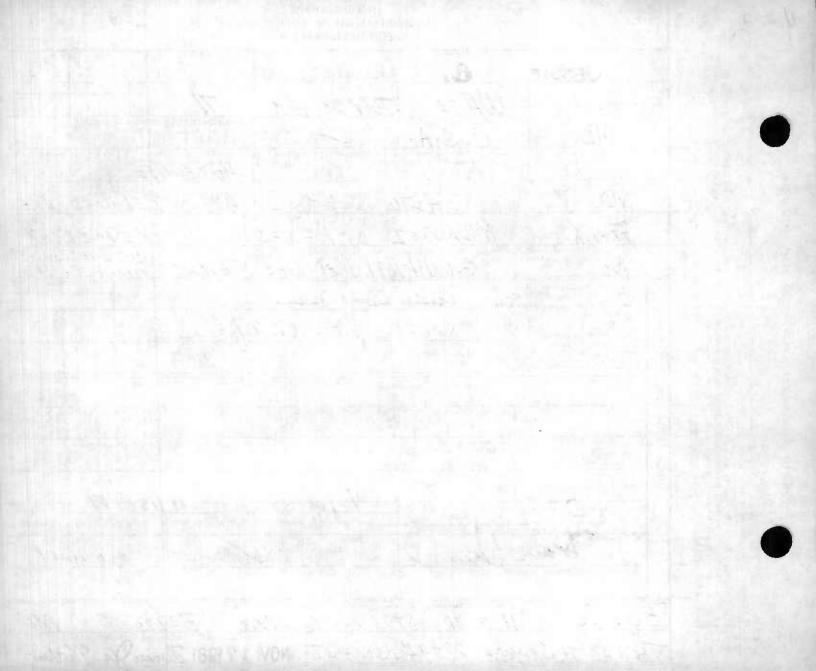
DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE





4-	3	1.	FOR STATE		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYC ERTIFICATE OF DEATH	GIENE 8	29521
			REGISTRAR		ERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
	deoth deoth		JESSIE.	e, A	JOWA KOWSKI	11	13 81 3 A M
	(SVE)	3. SE	EMALE	RACE S	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
		-	-1111-	CITIZEN OF WHAT COUNTRY?	104 20, 1910	9 BALTIMORE CITY OR CO	YRS DUNTY OF DEATH
	# BS	1	COUNTRY) MD.	1201	MARKED NEVER MARRIED DIVORCED	HARFOR	MD.
	1 1 20	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING I	HOME OR OTHER INSTITUTION HOSPITAL	120 USUAL OCCUPATION	RKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
1120	hours d in by be filler		AL RESIDENCE (IF NURSIFY HOME OR OT		ENE RAL	HOUSEWIJ	72
AND 2	Suld Suld	130. 5	STATE D COUNTY	BALIO	" YES NO []	13. SINEEL ADDRESS Z	BELNORD AVE.
ARYL	ed within	14. FA	THER S NAME	DIE MAY INS	15. MOTHER'S MAIDEN NA	ME MIDDLE	20 1 LASL /
ř. A		16a V	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURIT	YNO. 17 INFORMANT	ADDRESS	RETROZECK
IMOR	Poges 1		YES, NO DE UNKNOWN) (IF YES, GIVE W	(AR OR DATES) 220-14-11	81 MADELINE	STEVENS	FINKSRUES MD.
BALT	ysicio ppers. vol.		18 CAUSE OF DEATH (Enter only o	one cause per line for (o), (b) and (c	2	0,72,27,0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.	ng physicenton population contraction cont		PART I. DEATH WAS CAUSED E	1121.11	Canal tailure		
NOL	4 000		4280	DUE TO, OR AS A CONSEQUENT	- 1	160.	
PRES	the deot the otten remove c emotion, er troum		Conditions, if ony, which gove rise to immediate cause (a), stating the	(0)	orgalise bens	farme	
×.	by by oth		underlying couse lost	DUE TO, OR AS A CONSEQUENC	E OF		
RDS, 20	n signed Then ple r to burid	NO	PART 2 OTHER SIGNIFICANT COI	nditions <u>contributing to de</u> a	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The low residuo.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY? 206 IN	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
1	Vsicio vsicio cote f consit dygie 8 sha	1 8	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	
96	ENDING PHYSICIAN: The of or ottending physicion of a street this certificate I use as the burial-tronsit Health and Mental Hygies is marked or frem 18 sha		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR		
SION	PHYS endin this of the burned Med or h	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVI	DING PHY or ottendi After this e os the bu olth and M	1	WHILE NOT WHILE AT WORK		10/21 11	111	6/
	ATTENDING spirol or oth CTOR: After d for use as the cof Health or 20 is marke		220.1 certify that (1) (this hospital) saw the deceased alive on	1 19	19 1	. 10	nd hour and from the causes stated
	OR ATTER e hospito DIRECTOI ched for Dept. of H		obove, (I) (we) (did) (did not) v 22b. SIGNATURE	ew the body ofter death.	DEGREE		22c. DATE SIGNED
	일 등 의 등 교 후		Jean (- Janus /	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	11-13-8/
			22d. PHYSICIAN'S NAME (TYPE OR PR	INT)	22 e. ADDRESS		
	TO HOSI	275	Byrial, cremation, removal	23b. DATE 23c NAM		In increase	
	/ BP	1	SPECIFY) PINL	11-16-81 (7	E OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	TO COUNTY ASIAD.
010	DHMH - 16 50M 1/81	24 FI	JNERAL DIRECTOR	10 01 01	0/1/9/04:00	E REC'D. BY REGISTRAR 25b F	REGISTRAR'S SIGNATURE
	(VRA 15, 4)	1	HOMAS J. SKA	RDA 2829 HUI	SON ST. NOV	171981 Dan	ces Xan Narther



sendid while fill y zon the hires ! Arrive F to the the fall will a property of the Land October 17-12 HEALT FOR THE STATE OF THE WORKESTON TO SEE THE WARRENCES M. Wilder Burgs | James Desire Burgs | Mar | Mar

1	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	29523
	ECEASED NAME FIRST	MIDDLE	1407	28 DATE OF DEATH W	ONTH DAY YEAR 2h HOUR
	Ear	1 N.	Ragan , Sr.		11 30 81 11 pm
M) 13	Male	White	April 11, 1895	A AGE (IN YEARS LAST BRITIS	DAY) # INDER I YEAR F UNDER JA HIS. MONTHS JIAYS HOURS MIN. VRS
35	BIRTHPLACE PETATE ON FORESHIP COUNTRY/	TL.S. A	MARRIED NEVER MARRIED WIDOWED DO DNORCED	Harford	COUNTY OF BEATH
90 H	avre de Grace	11. NAME OF HOSPITAL NURSING PROFITAL NURSING STREET Citizen Nursi	.ng Home	124 USUAL OCCUPATION	N 176. KIND OF BUSINESS OR INDUSTRY
35 M	STATE DESCRIPTION OF THE STATE	TY 13L CITY OF TOW	N IM INSIDE CITY LIMITS?	13* STREET ADDRESS 42 Colora	Road
070	John	W. Ragan		MEDIE	Green
	WAS DECEASED EVER IN U.S. ARY 1451 NO OF UNKNOWN! IF 161 ON!	WED FORCES? 166. SOCIAL SECU		ADDRESS actor Conowi	ngo. Maryland
ad, cremation of managed or other traumatic event, the	PART I DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUE	ence or line	catro	BITWEEN COURT AND DRAIN
injury, o	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	TION GIVEN IN PART 1(m)
8 shows ony injur	194 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH? VES NO
or hem 18 sh	23g. ACCEPENT WAS UNDERLYING CONTRIBUTING. CAUSE OF DEA OF CONTRIBUTING. CAUSE OF DEA OF EITHER, NOTHY WEDICAL EXAMINER.		AY YEAR	RRED ((INTER HATURE OF HILLIP)	PHOTEM 18, PHOT I OR PART 21
S S S S S S S S S S S S S S S S S S S	214 INJURY OCCURRED	21st BEACE OF INJURY	III LOCATION	CITY OF TOWN	COUNTY STATE

224 PHYSICIAN SNAME THIS CHIRING

(SMC#Y)

13s BURIAL CREMATION REMOVAL

376 SIGNATURE

77# ADDRESS

DEGREE

IJI NAME OF CEMETERY OR CREMATORY

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

STAFF

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

MPORTANT: If hem 21 is marked

(b) this hospital) attended the digressed from

73h DATE

234 LOCATION CITY OF TOWN

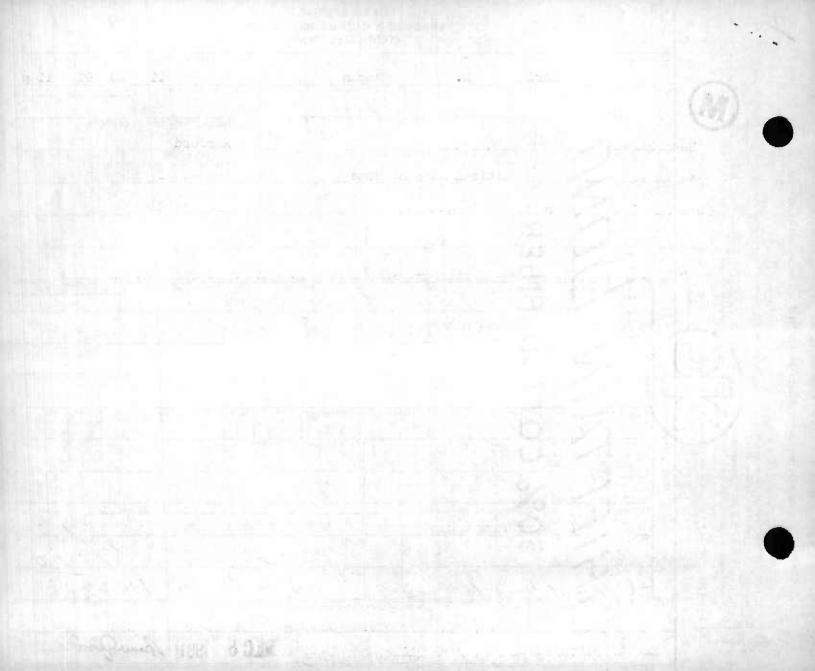
COUNTY

DATESIGNED

that (h. (we) last

ery Rising Sun Cecil

ATTENDING



BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

- 1						STAT	E OF MARYLA	ND		-		
	1-	FOR STATE REGISTRAR			DEPART		EALTH AND M		REG. N	2	9 5	2 4
		CEASED NAME	FIRST	10100	MIDDLE	1	AST		20 DATE OF DEATH		Y YEAR	2b HOUR
3	(TYPE	OR PRINT) RI	UTH		GINIA	REMI			November			8 5 Au
	3. SE			4 RACE		5. DATE C		_ VEAD	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
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20		FIRST		MIDDLE	LAST		FI	RST	WIDDLE		LAS	.7
46		Harvey		- Cr	rabtree		Mart		Irene		Lawso	on
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMAN	11	ADDR	ESS		
	,,	no	(# 125, 011	E WAR ON DATES)	215-30-1	006	Herbe	ert H.	Remines, B	el Air.	Md.	
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	ME	WHILE NOT WE	HILE D	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
- 1		220.1 certify that (1)	(this hosp	ital) attended th	e deceased from_			, 19	, to	19		that (I) (we) last
		sow the decease	ed olive or	Color the back	often denth 19_	0	nd that in (my) (our) opinion d	leath occurred on the o	ate and hour o	and from the	causes stated
	776	27h SJAN ANDRE	and I tune me	T HEW ISS GOOD	disposition.		DEGREE				22c. DATE	SIGNED
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		THE PHYSICIAN'S N	ME TON	16-10	1109	1	220 ADDRESS		DIRECTOR PHYSI	CIAN	NOV. Z	23, 1981
1		Warren F							S+ Dol As	n Ma		
1		, and toll I	7 10	JOH, MIL			202 .		St, Bel Ai	r, Ma.		
	23o. B	SPECIFY	REMOVAL	23b. DATE	236.1	NAME OF C	EMETERY OR C	REMATORY	236. LOCATION	CC	YTAUC	STATE
		urial	I	Nov. 25.1	981 Be	l Air	Mem.Gar	rdens	Bel Air		ford	McV
		JNERAL DIRECTOR							REC'D. BY REGISTRAP	251 REGISTRA	R'S SIGNAT	UHE KENTICHO
	H	oward K. N	1cCom	as III,	Abingdon	, Md.		1	OV 25 1981	Chance	0	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

I. DE	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	ONTH DAY YEAR 26. HOUR
	PE OR PRINTI Hari	ry Essmund	Riale	II.	v. 23 1981 8:
3. SE	Male		OF BIRTH - 1433	6. AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER I YEAR IF UNDER THOUSE
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A. WIDOV		9 BALTIMORE CITY OR Har for	1
Ha	vre de Grace	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Hospital	120 USUAL OCCUPATION	
3a 3	JAL RESIDENCE (IF NURSING HOME O STATE	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NTY 136: CITY OR TOWN COLORA		P.O. Box 4	217078m
1	TATES NAME	E. Riale	Floren	MIDDLE MIDDLE	Weir
60 V	WAS DECEASED EVER IN U.S. AF	rmed forces? 166. Social security novement of the security novement of	10 Roseants 1	Piale ADDRESS	wite
	PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (a), (b), and (c), (b) ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	And carem	metroso	APPROXIMATE INTERVIBET MEDITAL PROPERTY OF THE
	Conditions, if ony, which gove rise to immediate	(6)	is appendi	ver ca	1-7 mm
ATION	gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMI		
RTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BL 196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\text{\text{\$\subset\$}} \text{\text{\$NO }}\)
CERTIF	gove rise to immediate couse (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BL 19b. CONDITION FOR WHICH OPERATI 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	ON WAS PERFORMED 21c. HOW INJURY OCCURRI	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\text{\text{\$\subset\$}} \text{\text{\$NO }}\)
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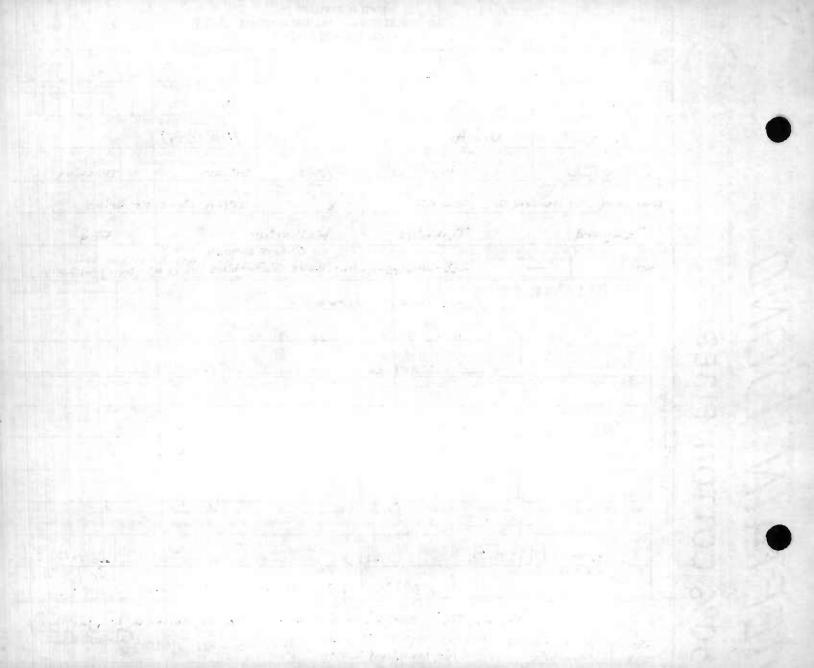
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	off division of the	10. CI	TY OR TOWN OF DEATH			HOSPITAL, NU	JRSING HOME	OR OTHER INST	ITUTION	128 USUAL OCCL		FE) INDUSTRY	F BUSINESS OR
1201	o by	PUSID	ALLSTON AL RESIDENCE (IF NURSING	HOME OF O	HER INSTITUTION	STO NO	OEN,	4691	THI	TECH. WA	ter-	U.S.	Govt.
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AR	y with not 2		Alfred	SAN	Park	Rich	Sr.		north A		OLE .	Brade	
E, N	cortes coles		VAS DECEASED EVER IN	U.S. ARMI	ED FORCES?		SECURITY NO.			eran made A	DDRESS		
WO	Poge Poge			IF YES, GIVE V	VAR OR DATES)	212-16	-6037		TIW Alo.	101 312	EAST BE	elchest 1	21014
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PRESTON	e death ce ottendin nove carb iotion, or troumotic		Conditions, if any, w		(b)_								
W. P	id by the leose rem ial, cremo		cause (a), stating	the lost.	DUE TO, C	R AS A CONS	EOUENCE OF	land	idge	mic 86	wek		
201		9.3	PART 2. OTHER SIGNIF	ICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH BU	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION GI	VEN IN PART 100	2)
RDS	equire in sign Then print to bu	NOI		Dia	retur	K	enal	Jan a	ne_				
ECO	s beer sermit.	CERTIFICATION	190 DATE OF OPERATIO	N	19b. COND	TION FOR WI	HICH OPERATION	WAS PERFO	RMED	20a AUTOPSY?		S, WERE FINDIN FYING CAUSES	
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	TTENDI pital or TOR: A for use of Heol		sow the deceased above, (I) (we) (did	olive on	111	5	(N	nd that in (my)	(our) opinion	deoth occurred on	the date and ha		1 . 1 .
	OR A. DIREC Sched Dept.		226. SIGNATURE	1/	la A	offer deoffi.	1.1	DEGREE		/-		22c. DATE	
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			SURIAL, CREMATION, RE	MOVAL	23b. DATE Nov. 6,19		23c NAME OF			23d, LOCATION	NN	COUNTY	STATE
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10	1.	STATE REGISTRAR			ICATE OF DEATH	REG. NO.	7 3	6 1
(M)		CEASED NAME FIRST EDWI	N NOE		OBBINS	20. DATE OF DEATH MONTH	20-8/	26. HOUR
100	3. SE		4 RACE WHITE	S. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 4 HRS HOURS MIN.
27 Per 12 Port		RTHPLACE ISTATE OR FOREIGN OUNTRY). FLORIDA	Th CITIZEN OF WHAT CO	LINITDV2 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT HAR FORO	YOFDEATH	MD.
11 82	10 C	FALLSTON	11. NAME OF HOSPITAL JIF NOT IN SUCH FACILITY, OF FAUSTON G.	, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF	F BUSINESS OR
filled in novid be in	13a 3	AL RESIDENCE (IF NURSING HOMEO STATE 136 COUL HATYLAND HAT		OR TOWN	13d. INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS 217-A Crocker	- Drive	
completely 1 and 2 sh		THER'S NAME FIRST RAYACA		LAST DDINS	15 MOTHER'S MAIDEN NA	MIDDLE	Fry	
on ond co	- 1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	E WAR OR DATES)	IAL SECURITY NO.	mrs. Belle 17.	2110 -4 CLE	CKEL DULL	
g physicis conpoper removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (o ED BY: TE CAUSE (o)	PIA-C	Aprest		BETWEEN O	MATE INTERVAL INSET AND DEATH
hot the death cert by the attending use remove carbon for remotion, or ret attending	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ratun	preumen			
signed I Then plea to burial	NO		CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 110	1
hysician. iicate has beer tronsit permit. Hygiene prior 18 shows ony i	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERT	S, WERE FINDING FYING CAUSES C	GS USED OF DEATH? NO
nding physicia nus certificate h buriol-tronsit I I Mental Hygies or frem 18 sha	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)	
After this ce os the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTOR	(Y, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
CTOR: for us of He		229.1 certify that (1) (this hosp sow the deceased alive an above, (1) (we) (did) (did no	19NW.	19.	nd that in (my) (our) opinion	deoth accurred on the date and ho		hot (I) (we) lost ouses stated
		125 SIGNATURE	long.	m		MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE S	NV 81.
TO HOSPITAL retained by th TO FUNERAL should be deto with the State IMPORTANT: I		22d. PHYSICIAN'S NAME (TYPE O	PRINT)	ouis.	22e ADDRESS W. RIV	is Pactory	Bei	AWE
BP	4	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	Noy, 23, 481	BEIHAR	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN ROEL ATT, HATCOM G	County Country	STATE A
- 16 60M 7/73 (R A 15 (4))	24. FU	MERAL DIRECTOR ILIAM TO	Ster WiBrogs	DRESS Wills	21014 HOW	E REC'D. BY REGISTRAR W. LEGIS	CA starting	able:

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Paul Wesley DEATH MATED Robinson 181 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 9:12P Male White Jan. 31, 1931 50 DEAD 181 76 CITIZEN OF WHAT COUNTRYS To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland TO THE FUNER USA Harford County. WIDOWED DIVORCED SHOULD BE FILED, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Fallston General Hospital Fallston Supr. Boiler Plant US-govt. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland Harford 13d. INSIDE CITY LIMITS? 6 Colonial Road AND 2 SHOOT 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, M PM Lillie Clay Wilson Robinson May 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) 217-26-9437 Mrs. Rae Robinson, Bel Air, Md. CATE, WRITING THE WORD, "PENDING" II.V. GATE, WRITING THE CHIEF MEDICAL EXAMINER ALONG WORDS AND THE CHIEF MEDICAL EXAMINER ALONG WORDS AND THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIAND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL ALE PLACE OF INJURY INTHOME 21L LOCATION NET FACTORY FARM ETC.) CITY OF TOWN WHILE AT WORK AT WORK COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 22a I certify that I took harge of the remains described above, held on Natural aduses deoth resulted from: TITLE (SPECIFY) M. Deputy ChiefMEDICAL EXAMINER 11/9/81 **SIGNATURS** EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY Harford Md. BelAir Mem. Gardens Nov. 11.1981 Burial BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH-17 Howard K. McComas III. Abingdon. Md. (VR A15 ME (5)) 15M 2/80

ST. Confe 185 04 VOM

137 STREET ADDRESS Pland Ave. ADDRESS North East, Md. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated 22c DATE/SIGNED DIRECTOR PHYSICIAN (SPECIFY) Burial North 11-12-81 Cecil East North East, Md.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

IF UNDER 1 YEAR

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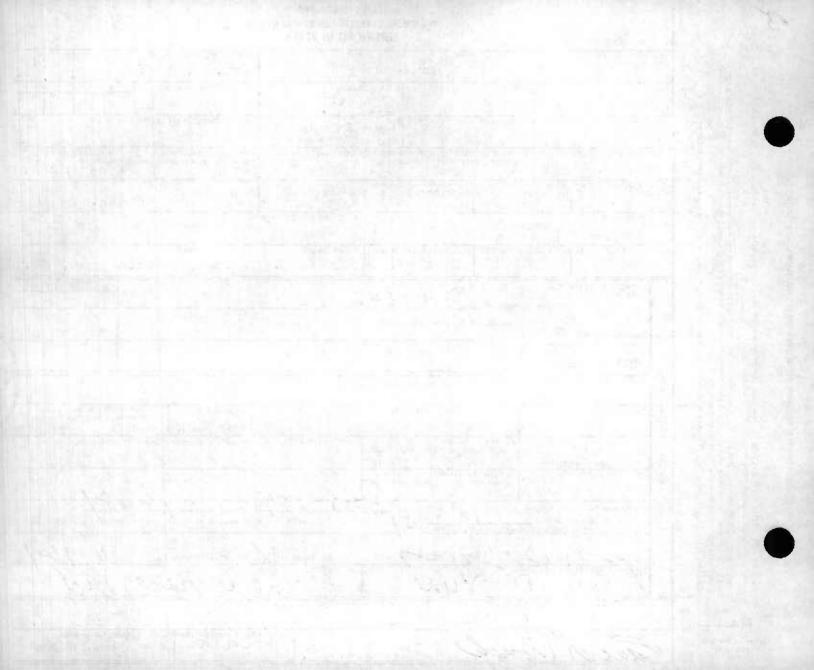
20. DATE OF DEATH MONTH

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

REGISTRAR

1. DECEASED NAME



	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2	9 5 3 1
by be oge 3	I. DE (TYPE	CRASED NAME FIRST Charles	Bailey	St. Clair	20. DATE OF DEATH MONTH	14 - 81 26 HOUR 00
ge 4 may	3. SE	Mole	A RACE COU	5 DATE OF BIRTH MONTH DAY YEAR 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
deoth. Ber		RTHPLACE (STATE OR FOREIGN) OUNTRY) Maryland	U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	TT C	
by the filled with	,	Follston	11. NAME OF HOSPITAL, NURSIN (IE NOT IN SUCH FACILITY GIVE STREET FOLLSTON GENERAL)	, // / /	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Dealer	12b. KIND OF BUSINESS OR INDUSTRY Automobile
in 24 hou y filled in should be	130. S	aryland Hari	ord Jarrett	SVILLES NOTE CITY LIMITS?	13e. STREET ADDRESS 1210 Baldwin	Mill Road
completely 1 and 2 s		Charles Ru	aby St.Cla		WIDOLE	Lytle
on and s. Pages		VAS DECE ASED EVER IN U.S. ARM (es, no or unknown) (if yes, give	WAR OR DATES)	0011	Address Saneman same	as a b ove
certificate ng physici banpapei remaval.		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	/ / ~	diorespira	alon arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death contending death the attending lease remove carloid, cremation, or an arrangement or an other traumatic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	ENCE OF Leart fo	where	
es that the ned by the please re unal, crer , ar ather		couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUI	ENCE OF DEATH BUT NOT RELATED TO THE TER	MAIN AL DISEASE OF GONDITION OF	VEN IN DADT 1:-
been sign mit Then prior to bi	CERTIFICATION	Parlimoni	our wife re		cie and per	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
hysician. ficate has transit per 11 Hygiene 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D.	21c. HOW INJURY OCCU		ES NO
PHYSICIAN: lending physis this certifical he burial-tran nd Mental Hy	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDING POSSIBLE OF STORE After the for use as the for use as the for use as the manual to a Health and marked		220.1 certify that (1) (this hospite		ond that in (my) (my proping	n death occurred on the date and hou	. 19, that (I) (we) lost
OR Pho		sow the deceased alive on above. (I) (west (did) (did-bot) 22b. SIGNATURE	wiew the body ofter deoth.	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL Cretained by the TO FUNERAL D should be detact with the State D IMPORTANT: If		M. S. SHAR	AFÉLOEA	NE, O, PO. BOX S	35 Edgewood	, md21041
BP	(Burial, CREMATION, REMOVAL Burial	1	NAME OF CEMETERY OR CREMATORY Bel Air Mem. Ga	ar Bel Air	COUNTY STATE Harford Md.
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	INERAL DIRECTOR SAME Gladden Kur	tz Jarretts	N N	OV 171981 Charac	San Nather

STATE OF MARYLAND

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STATE OF MARYLAND

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Tarring Funeral Home P.A. Aberdeen Md. 21001-3399

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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		CEASED NAME	FIRST	^	AIDDLE		- 11	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	c
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-	1.587			4. RACE		5. DATE C	OF BIRMA	6. AGE (IN YEARS LAST	BIRTHDAY)	IF U	NDFR 1 YEAR	IF UNDER 24 HRS	
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		male			hite	July	12, 1900	81	YR				
1		RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	1TY OF	DEATH		
5		Maryland		U.S.	Λ	WIDOW		Harl	art			M	0
		TY OR TOWN OF DEA	ATH		OSPITAL NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	1	12h KIND C	OF BUSINESS OF	_
1	11	1 0		IF NOT IN SUC	H FACILITY, GIVE STREET		1	TYPE OF WORK FOR MOS		G LIFE)	INDUSTRY		Ì
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7	1	22d, PHYSICIAN'S NA	A AAE / TURE O	0.00()(T)			22e ADDRESS	DIRECTOR PHY					_
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	23a. B	URIAL, CREMATION,	REMOVAL	123b. DATE	23r N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION					=
		SPECIFY)						CITY OR TOWN	COLD !		YTAUC	STATE	
		Burial		Dec. 1,	1981 Pi	rinci	pio Cemetery	Perryvil	Le	Cec:	il M	aryland	

Gerryville, Maryland

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows day

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Ta		OR			ATE OF MARYLAND HEALTH AND MEN	TAL HYGIENE	2	9 5 3	7
1.4		STATE REGISTRAR	M	EDICAL EXAMI	NER'S CERTIFICA		REG, NO.		
-		EASED NAME EIRST		MIDDLE	LAST	20 DATE OF		AONTH DAY YEAR	2b. HOUR
(:基礎)			RLES	Nace.	SMITH	DEAT	H MATED 11	-24-81 ₁₉	M
	3. SEX	4 RACE	5. DATE OF BIRT	H 6. AGE (IN Y		UNDER 24 HRS. 2c. DA	TE MI	ONTH DAY YEAR	2d HOUR
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産婦った		RTHPLACE (STATE OR SEIGN COUNTRY)		WHAT COUNTRY?	8. MARRIED MEVER	MARRIED		OUNTY OF DEATH	
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AL RECORDS, 201		Y OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS	AE, OR OTHER INSTITUTIO	FOR MOST OF W	UPATION (TYPE OE)	OR INDUST	RY
		Fallston LRESIDENCE (IF IN NURSING HOME		on General H		Lak	orer	Saw Mi	.11
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00			rford	Jarretts			ladonna	Road	
マンへ では マー	III FA	THER'S NAME	MIDDLE	LAST Company de la	FIRST	MAIDEN NAME	MIDDLE	To lose or one	
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1	(YE	s, no, or unknown) (IF YES, GN	E WAR OR DATES)	218-18-0				nington,	חת
		18 CAUSE OF DEATH (Enter of			1))) value	S T. DIIIT OI	ı wası	APPROXIMAT	E INTERVAL
1		PART I DEATH WAS CAUS	ED BY:	Chest injur	ies			BETWEEN ONSE	
NA N		Q13D IMMEDI	WIE CHOSE (0)	OR AS A CONSEQUENCE					
EAL	3	Canditions, if any, which	h						
BURAL-TRANSIT PERMIT AND MENTAL HYGIENE, VATION, OR REMOVAL.		gave rise to immediate cause (a) stating the unde		OR AS A CONSEQUENCE	OF				
STATION PRIOR TO BURIAN OF		lying cause lost.	(6)						
ATK.		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEA	IN BUT NOT RELATED TO THE TE	RMINAL DISEASE DR CONDITION GI	VEN IN PART 1-(a).			
REA	NO								
A L	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH OP	RATION WAS PERFORME	D?		20 AUTOPSY	?
S L	E							YES X	NO 🗆
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PR	WED	21d. INJURY OCCURRED WHILE NOT WHILE		E OF INJURY (ATHOME, ACTORY, EARM, ETC.)	21f LOCATION STREET	CITY OR	(OWN	COUNTY I I - AA	a mistate a
200			xx hig	hway	Rt.23Φ	llips Mill F	Rd. Jarr	efsville,M	arytan
1911		22a I certify that I taak cho	rge of the remains o	described obove, held on	Autopsy XX Ir	rspection . Inqui	y . and in	my apinian	
E &		death resulted frame Nat	ural causes .	Accident XX, S	ivicide . Hamicide	Undetermined	manner .		
TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		ACTUAL MONTH		41 m.	TITLE (SPEC			DATE 11-25-8	1
Z = # -	1	SIGNATURE	James H	ne orner	M.D. Assis	STANT MEDICAL EX	AMINER	SIGNED	1
NO.	-	EXAMINER'S NAME	V.		- 444	D C1	_		
A PER		(TYPE OR PRINT)Ma	rgarita <i>[</i>	. Korell, M.		Penn Stree			
∢ ∞	23a.Bl	PECHY)			EMETERY OR CREMATORY	CITY OR TOWN			TATE
	24 FI	Burial	11/28/8	81 Fairv	Lew Cemete:	ry Forest		Harford,	Md.
- 17 AE (5))	-	NAME	ADDR			NOV 3 0 19			See al
E (5)) 80	TAT	. Gladden Ku	II. CZ c	Jarrettsvi	TTE. Md.	ASSES O D 10	w /	AND THE	

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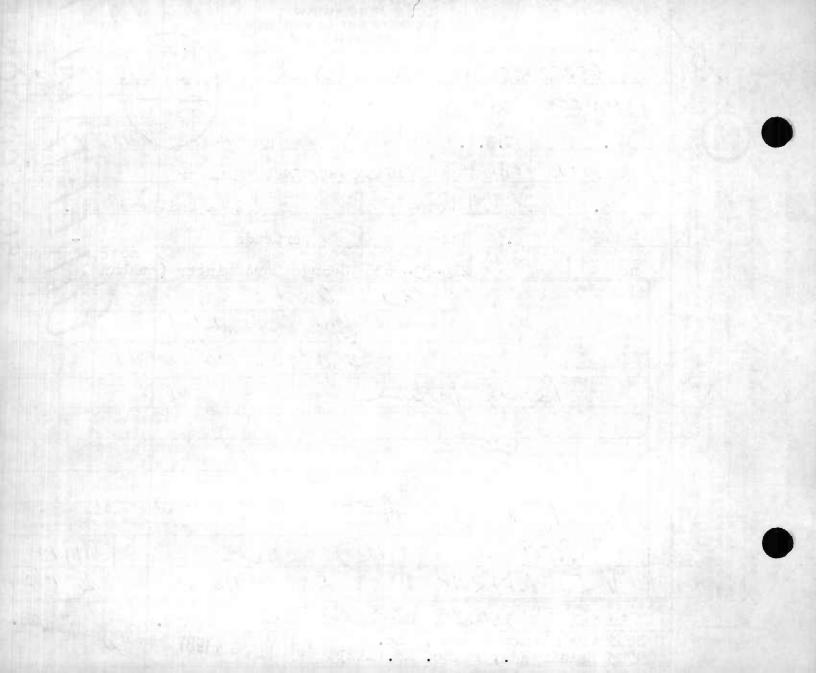
(A)	1	FOR Items 21a21f. &229 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 9	
	1-	SIMIL WILLIAMS INC. I CONTROL OF THE STATE O	3 3 7
/	1 00	REG. NO.	
		TO DATE KNOWN MONTH	DAY YEAR 16 HOUR
## 5 8 8 E		VIOIZ (STANFIELD) - I and tield DEATH MATED 11-	-26198/ p.M
### P# P#	3. SE	The state of the s	DAY YEAR 2d. HOUR
100		DEAD //-	26 1981 P. M
注题		IRTHPLACE (STATE OR)76 CITIZEN OF WHAT COUNTRY? ### MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY?	ITY OF DEATH
新东部	1	PARYLAND U.S.H. WIDOWED DIVORCED HARHORD (OUNTY MO.
学業芸芸 一	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFET)	
302700	F	Alston General Hospitals Housewife	OK II VOOSIKI
ANY DE ANY DE RETAIN SOULD	USU.	AL RESIDENCE (IF IN NURSING/HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
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MD. 21 ATH. IF PM 3. UD 2 SH	14. F	ATHER'S NAME	
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MORE, MD TER DEATH FORM PM FORM PM S 1 AVND 2 S 1 AVND 3 S 1 AVND	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	202
T., BALTIMORE, MD. 21201 GOURS AFTER DEATH. IF ANY 18. GIVE PAGES 1, 2, AND G WITH FORM PM 3. RETON IT. PAGES 1 AND 2 SHOUL E, DIVISION OF WAL RECO	0	ES, NO, OR UNKNOWN) [IF YES, GIVE WAR OR DATES]	1 . 11.
BAL GIN GINIS	H	Sign Charles	HAVER H. I PA
HOUN NG NG NE, DNE, DNE, D		PART I DEATH WAS CAUSED BY	BETWEEN ONSEL AND DEATH
301 W. PRESTON ST., CUTED WITHIN 24 HOL IN PENCIL IN ITEM 18 L EXAMINER ALONG RIAL-TRANSIT PERMIT. ID MENTAL HYGIENE, I, OR REMOVAL.	-	8510 IMMEDIATE CAUSE (a) Jeff Sulvatural Klimatoma	o varje
EST A EST	/	Conditions if any, which	11 7.
801 W. PRES' UTED WITHIN IN PENCIL IN EXAMINER EXAMINER RAIL-TRANSII OR REMOVA		gave rise to immediate (b) / Lata Linguity	Uncertain
TED YEAR		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF Using cause last.	
N. O. A. D. A. O. O. A. O. O. A. O. A. O. O. O.		(- (c)	
'AL RECORDS, 301 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOU D. "PENDING" IN PENCIL IN ITEM 18 HIEF MEDICAL EXAMINER ALONG IN USED AS A BURIAL-IRANSIT PERMIT. PERLITH AND MENTAL HYGIENE, D L. CREMATION, OR REMOVAL.	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
E AS	MEDICAL CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
SHOULD DRD "PER CHIEF A E USED OF HEA.	Ş	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
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EXAMINER: CERTIFICATE UID BE FOR DIRECTOR: U		death resulted fram: Natural causes , Accident , Suigible , Hamicide , Undetermined manner ,	
ERTIII B B B IREC VITH RYLA		7 7 0 TITLE (SPECIFY)	1 1
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		SIGNATURE SOMME J. Houck M.D. W. Sparty MEDICAL EXAMINER SIGNI	11/27/81
SH SH		MEDICAL EXAMINER SIGN	
MA STAN	-	(TYPE OR PRINT) Samuel H. Henck, M.D. ADDRESS 721 Wardeley School Rd. 7	whiteford Md.
TO MEDICAL EXAMINER: TEXECUTE THE CETTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGE DEATH, WITH THE STAND AND AND AND AND AND AND AND AND AND	23 a. B	URIAL, CREMATION, REMOVAL 1235, DATE 1231, NAME OF CEMETERY OR CREMATORY 1234, LOCATION	INTYLIIGO SHATE!
BP	1	RURIAL 11-30-81 MARYLAND NATIONAL CON ZAURE	INTY SATE
DHMH - 17	24. F	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAP'S.	
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10	3		FOR STATE			DEPAR	TMENT OF	HEALTH	AND MENTAL	HYGIENE		2	9	4	J
			REGISTRAR			MEDICAL	EXAMIN	VER'S	ERTIFICATE	OF DEA	TH REC	S. NO.			
			EASED NAME	FIRST		MIDDLE			LAST	12			TH DAY	YEAR	2h HOUR
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1	海路調か	7a BI	RTHPLACE (STA	TE OR	76. CITIZEN		INTRY?	8. MADDI	ED NEVER MAR	DIED TO	BALTIMORE CI	TY OR COL	JNTY OF	DEATH	
	O SEE SO			inia		1.S.A.		WIDOW			Harford	Coun	tv		
200	25 A 43 -		TY OR TOWN	OF DEATH			URSING HOM		ER INSTITUTION		AL OCCUPATION		•	IND OF BL	SINESS
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	35, 88		vredeGr	F IN NURSING HOME C		Congres				Jupi	Ly Div.	-equa	tics	(A)	deen
10	1. IF ANY DELA 2. AND 3 TO 3. RETAIN PY 2. SHOULD BE PAL RECORDS.	13a. S	TATE	1136 COUN	TY		CE BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS?	13e STRE	ELADDRESS				ing
21201	≤それらがつつ	Ma	ryland	Han	ford	Hay	ne de	Grace	YES X NO		Congress	Aven	ue	yrou	ina
MD.	A 23.3.	14. FA	THER'S NAME						15. MOTHER'S MAIL	DEN NAME					
	DEATH.	2	FIRST	1	MIDDLE		LAST		FIRST		MIDDLE		111	LAST	
O	F PAGE FORM FORM ON OR		AS DECEASED	EVER IN U.S. AR	MED FORCES?	16h SC	OCIAL SECURI	TY NO.	17. INFORMANT		O ADD	RESS .		zys	
BALTIMORE,	JRS AFTER DEATH. IF B. GIVE PAGES 1, 2, WITH FORM PM 3. T. PAGES 1 AND 2 SH DIVISION OF VITAL	(4)	S, NO, OR UNKNOW	(IF YES, GIVE	WAR OR DATES)				Alma W. S	Stouba	Box 21	1, 20	ckso	n Pan	k Rd.
N N	SA PAGIN VIS		NO				-56-19	46	Thana. III	Cuiton	Perry	ville,	Mar	ylano	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIFICATE OF DEATH REG. NO.												
		CEASED NAME OR PRINT)	Robert		Stuart	T	aulor	Jr.	2	20. DATE OF E	DEATH	DV.	DAY	YEAR 1981	2b HOU	-45		
	3. SEX	(4_	RACE ((5. DATE C	OF BIRTH		6	AGE (IN YEA	RS LAST BIRT			RIYEAR	IF UNIOER			
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1	13a S	Hd.	13b COUNTY		ion give residence before admission) 136 City or Town 136 Inside City Limits? 136 Street address 1203 Hall \$								st.					
1	I4 FA	THER'S NAME Robert	Ster	wart	Taylor		15. MOT	HER'S MAIDEN	NAME		WIDDLE		Da:	tric	k			
1	16a W	AS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFO	RMANT			ADDRES	55	Ia		77			
	14	ES, NO OR UNKNOWN)	(IF YES GIVE W	AR OR OATES	220-14-62			Earler	na T	aylor,	Edg	ewoo	d, M	d.				
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		22b. SIGNATURE	Jugot	leifson	D		DEGREE	ATTENDIN PHYSICIA	10 P	MEDICAL DIRECTOR	STAFI PHYSICI	F IAN []	22	DATES	IGNED 2/81	,		
٦		22d. PHYSICIAN'S NA	ME (TYPE OR PR	RINT)	************		22e AD	DRESS						1	/			

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT:

Burial

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Nov.16,1981 Bel Air Memorial Gardens, Bel Air

HAYRE de GRACE, Md

Harford

Md.

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md.

A.W. GRIGOLEIT M.D.

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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8 IF UNDER I YEAR IF UNDER 24 HR BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR INDUSTRY 1942 Cosner Road Snead LAST Md. Henry E. Booth, 1942 Cosner Road, Forest Hill APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinian death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN Burial Nov.30,1981 BelAir Memorial Gardens, Bel Air Harford Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15.4) Howard K. McComas III, Abingdon. Md.

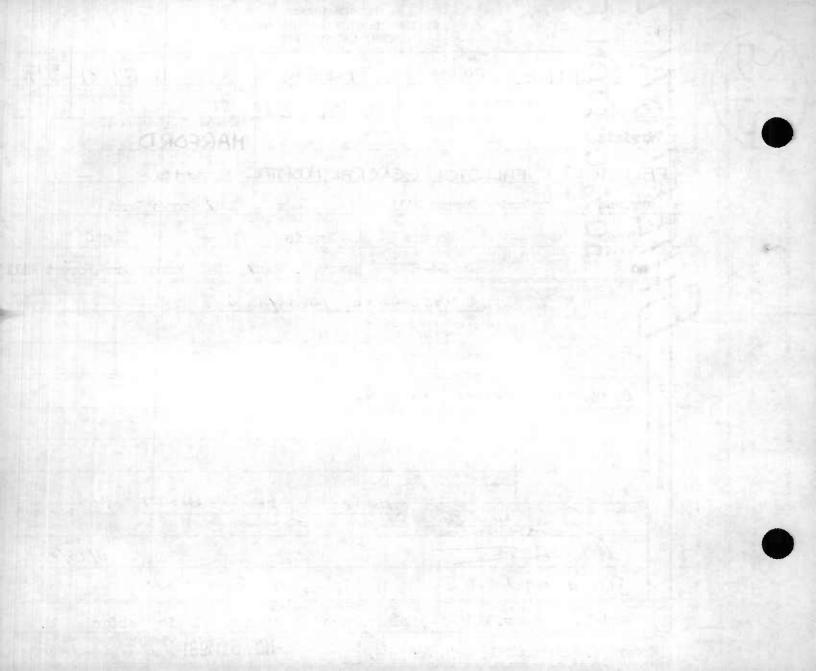
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

YEAR

26 HOUR



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STATE OF MARYLAND

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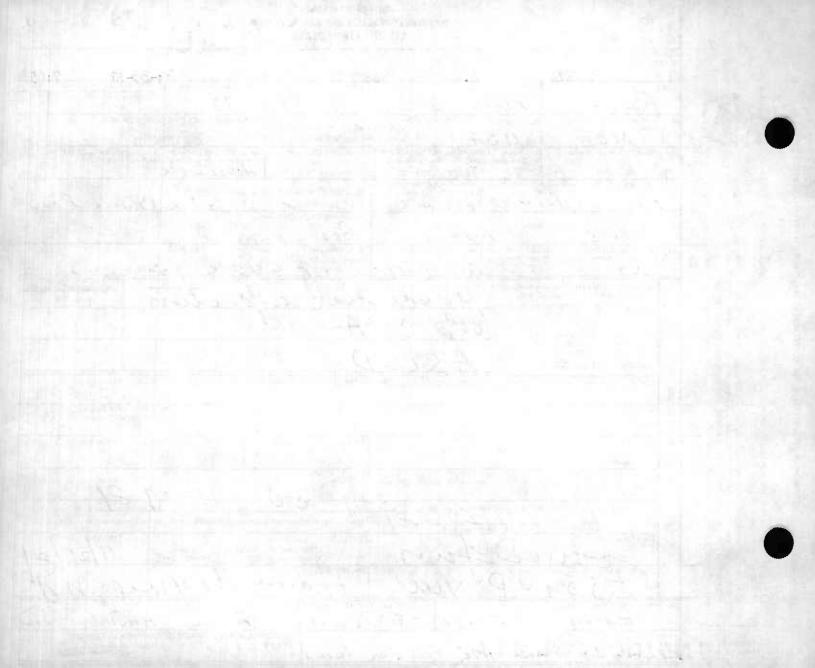
	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 1 REG. NO.	29546
Page 4 may be green page 3 hours after deeth	3. SE	CEASED NAME FIRST OR PRINT) GertRu X Emale RTHPLACE (STATE OR FOREIGN	RACE Th. CITIZEN OF WHAT COUNTRY	Inbarger S. DATE OF BIRTH MONTH 19 19 19 18	20. DATE OF DEATH MONTH NOVEMBER 6 AGE (IN YEARS LAST BIRTHDAY) YR 9 BALTIMORE CITY OR COU	
24 hours ofter death.	10 C HO USU	TY OF TOWN OF DEATH VICE DE CRACE AL RESIDENCE IN MIRITING HOME DI THATE	11. NAME OF HOSPITAL, NURSI OF NOT IN SUCH FACILITY, GIVE STREE HAR FOR MCN	MARRIED NEVER MARRIED DVORCED NG HOME OR OTHER INSTITUTION ADDRESS) ALE PLANTS ON THE PLANTS OF T	120 USUAL OCCUPATION US	126. KIND OF BUSINESS OR
executed within 2.		MITE COLL VAS DECEASED EVER IN U.S. AT	MEDUS DS CAST IMED FORCEST IN SOCIAL SECU	YES NO D	NAME MIDDLE	Courties
N: The low requires that the death certificate by ysicion. ysicion. cote has been signed by the attending phytocaronsit permit. Then please remove contain permit. Then please remove certains or removal. By stows ony injury, or other trainmatic event.	CERTIFICATION	Canditions, if any, which gave rise to immediate cause so stating the underlying cause lost	DUE TO, OR AS A COMESCA (b) DUE TO, OR AS A COMESCA (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TO OPERATION WAS PERFORMED	INCE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
PITAL OR ATTENDING PHYSICIA by the hospital or attending pl ERAL DIRECTOR, After this certif e detached for use as the burial-t Stote Dept. of Health and Mental ANT: if them 21 is marked or item	MEDICAL CERT		HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE intollected ded the deceosed from 19.	AY YEAR 19 21F LOCATION STREET , ond that in (my) (our) opin DEGREE	YES NO STAFF NO	COUNTY STATE
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STATE OF MARYLAND

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STATE OF MARYLAND



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and the			underlying cause last.	(6)	K AS A CONSEGO	DEINCE OF	0				
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242/00		-	INERAL DIRECTOR	,			25a_DA	TE REC'D BX RE	GISTE MILE PEA	Acres Colinia	4
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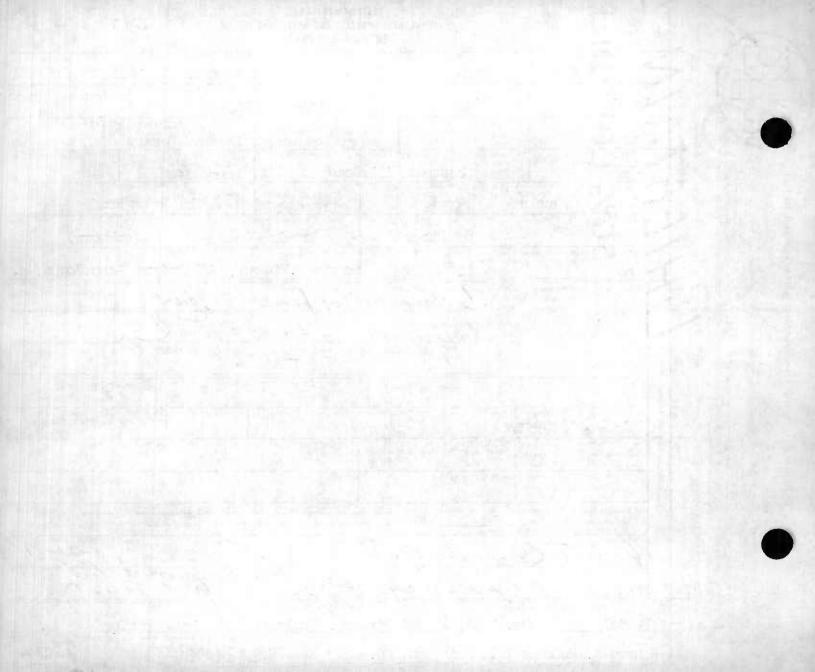
STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

29

												RE	G. NO.					
		CEASED NAME	FIRST		MIDDLE		LA	AST			2a. DAT	E OF DEA	TH MO	HIM	DAY	YEAR	26. HOU	IR
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3	[13a. S	al residence (IF STATE Yland	136 COUI Harf	OTHER INSTITUTION	130. CITY OF Joppa			13d INS	IDE CITY L	IMITS?	13: 25IR	55 ^01	d Jo	ppa	Roa	d		
21	14. FA	THER'S NAME						15 MO	THER'S MA	IDEN NAM								
Ø		John		MIDDLE	Hul	ber			Urs	ula		MID		(unkn	own))	
1		VAS DECEASED ET		MED FORCES?	16b. SOCIAL				DRMANT	With allow			DDRESS		T			14.1
		no			217–46	-1518	8	Geor	ge 1	.Widma	an,	4341	Ursp	urn			oppa	
	RTIFICATION	PART 2 OTHER S	immediate dating the base last	DUE TO, O		SEGUENO G TO DEA	AGE GEO		800			UTOPSY?	20	06. IF YE	S, WERE FYING C	FINDIN	GS USE	H?
7	AL CER	21a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	NIII	M. MONTH	H DAY	YEAR	21c. HC)W INJURY	Y OCCURRE	ED (ENT	ER NATURE C	FINJURYIN	FITEM 18	PART I OR P	ART 2)		
	MEDIC	21d INJURY OCC		21e PLACE		OFFICE, FARM		211. 10	CATION			CITY	ORTOWN		COU	INTY	5	TATE
		22a. I certify that saw the dec	eased alive an				, and	d that in	(my) (our	9) opinion d	, ta leath occ	urred on	the date				hot (1) (v	
7	(22d PHYSICIAN'S	OF C	Eamo	ely nAa	un,	7.	22e AD	PHYS	NDING SICIAN TO	MEDIC	CAL PI	STAFF HYSICIAN NO!	2	120	DATES	SIGNED	71
	(URIAL, CREMATIC	ON, REMOVAL		1001			/	OR CREA		-	OCATION CITY OR TO	NN	77.	COUNT			TATE
		Burial INERAL DIRECTO		Wy. 25,	TART	Bel .	Air	wem.	Gar	dens	Be				rtor	a	Md.	
		oward K.		s III,	Abingd	lon, 1	Md.			NC	1/2	4 198	31 Z	A	Co	an	Part	here

DHMH - 16 50M 1/B1 (VRA 15, 4)



DHMH - 16 50M 1/81 (VRA 15, 4) TIME PARKS IN MUNICIPAL CONTRACT STREET white with the second of the s There do which his dorn the self of the trade the test of Male Markery Have along X H 840 CX torres St. Mark 2 The Control of THE STATE OF THE PARTY OF THE P THE RESIDENCE OF A VOW AND A STREET AND ASSESSMENT OF THE PARTY OF THE